S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41840

FILED JAN 13 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5545

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Months - 27 Days (Specify whether
In this community 1 Year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3831 Agnes Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. MARY ELIZABETH NOLL

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James C. Noll

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 9th. (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	9	21	hr. min.

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse

11. Industry or business

FATHER

12. Name John E. Clark

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Mary Ann Clark

15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant James C. Noll

(b) Address 3831 Agnes Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd, St. Kansas City, Mo.

19. (a) 12-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th.
year 1947 hour 3:25 minute A. M.

21. I hereby certify that I attended the deceased from Sept 3, 1947, 19..., to Dec. 30, 1947
that I last saw her alive on Dec. 30, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral suppurative hydronephrosis

Due to Carcinoma of cervix.

Due to Metastasis to 1st 62nd lumbar vertebrae

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 48a

Of autopsy Wide spread pelvic carcinoma, see above

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. Q. Chambers (M. D. or other) M. D.

Address 1103 Grand Ave K.C., Mo Date signed 12/30/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.