No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 10 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11386

Registration District No. ..... Primary Registration District No. 4016 Registrar's No. .....

1. PLACE OF DEATH:

(a) County Atchison

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison 3

(c) City or town Tarkio 2
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME EDWARD JOSEPH NOCTON

3. (b) If veteran, name war ** | 3. (c) Social Security No. **

4. Sex male 0 | 5. Color or race white | 6. (a) Single, widowed, married, divorced mar /

6. (b) Name of husband or wife Julia Nocton | 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March (Month) 10 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	11	27	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business .....

FATHER
12. Name Thomas Nocton 4
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Winifred Spellman
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. E. J. Nocton
(b) Address Tarkio, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio, Mo.

19. (a) April 10-48 (Date received local registrar) (b) Betty Grobtree (Registrar's signature) 4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1948 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from Jan 6, 1948, to March 7, 1948, that I last saw him alive on March 6, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	1 wk
Due to Chr. Pyelonephritis	8 yrs
Due to Recurrent Prostatic Hyperplasia	8-9 yrs
Other conditions C-V Accident - Left hemiplegia (Include pregnancy within 3 months of death)	4 yrs.

Major findings:
Of operations .....
Of autopsy .....

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 0

23. Signature [signature] (M. D. or other) M. D.
Address Tarkio, Mo. Date signed 3/8/48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Jno. M. Davis

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.