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. 13102

FILED MAY 5 1948

Registration District No. 1456

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2301 Moffett (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 55 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 2301 Moffett (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Harry Noland
3. (b) If veteran, name war World War # 1
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sadie
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased August (Month) 25 (Day) 1893 (Year)

8. AGE: Years 54 Months 7 Days 6 If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Used Car Dealer
11. Industry or business
FATHER
12. Name Jim Noland
13. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mattie O'Brien
15. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Sadie Noland
(b) Address 2301 Moffett Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Thornhill-Dillon Mort.
(b) Address 305 West 4th Joplin, Mo.
19. (a) 4-5-48 (Date received local registrar) (b) Dolores Lampkins Jr. (Registrar's signature) 129

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1948 hour 3 minute 00 P.M.
21. I hereby certify that I attended the deceased from Feb 29th 1948 to March 31 1948 that I last saw him alive on March 29th 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Block	1. Hour
Due to Acute Indigestion	4. Weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 118	
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) 0
While at work? (e) Means of injury
23. Signature A. W. Winchester (M.D. or other)
Address April 1st 1941 Date signed
Joplin Mo

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-4-338

MAY 6 1948

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 Jesse O. Sullins, Registered Apprentice No. 99, working under my personal supervision.

Signed Erling M. Young

Licensed Embalmer No. F 3566

P. O. Address Joplin 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.