

No. 300
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FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32740

FILED NOV 15 1948

Registration District No. 140

Primary Registration District No. 5446

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Franklin Franklin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howard 45
(c) City or town Franklin 3
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SHERMAN EYES NOLAN

3. (b) If veteran, name war WORLD WAR I. 3. (c) Social Security No. 494 20-9078

4. Sex Male 5. Color of race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife AIMA E. SMITH
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Jan. 28 - 1892.
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Mos Creek Mo. Camb. Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name pleasant. Nolan.

13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Turner.

15. Birthplace Allegh. Co. Pa. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Nolan

(b) Address Franklin Mo.

17. (a) Burial (b) Date thereof 11-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boardman Mo.

18. (a) Signature of funeral director C. S. Hunsicker

(b) Address New Franklin Mo

19. (a) 11-5-48 (b) Mrs. Lee Bowman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1947
to Oct 30 1948.
that I last saw him alive on Oct 28 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary occlusion Duration _____

Due to Coronary disease 22 mo.

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 9412
PHYSICIAN _____
Underline the cause to 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature Wm. J. Shaw (M. D. or other) M.D.
Address Fayette Mo. Date signed 11-3-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-12-48

REC'D - HEALTH
OFFICE

NOV 12 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed R. F. Hall

Licensed Embalmer No. 3515

P. O. Address Hevi Franklin 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.