

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

3-47
7-39
3906

FILED OCT 29 1948
Registration District No. 176

Primary Registration District No. 3026

Registrar's No. 319

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Indep San & Hosp. U
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether) 7 days
In this community 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Kiowa
(c) City or town Greensburg, (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. RR. 1.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME William O. Nolan

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased: April 14 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>6</u>	<u>6</u>	hr. min.

9. Birthplace Mt Sterling Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business _____

12. Name James Nolan

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

14. Maiden name Ann Oldham

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

16. (a) Informant Mrs. Emma Jones

(b) Address 705 S. Ash. Ind. Mo.

17. (a) Burial? (b) Date thereof: Oct 22, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit - Mo.

18. (a) Signature of funeral director Ott Mitchell

(b) Address 3104 Main - Ind. Mo.

19. (a) 10-21-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1948 hour 12:30 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 13 1948 to Oct 20 1948
that I last saw h. alive on Oct 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

1. Coronary Sclerosis (and

Due to General arterio-sclerosis 20-30 yrs

Due to Valvular heart disease ?

Other conditions Prostatic hypertrophy 4 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 _____

23. Signature [Signature] (M. D. or other) _____

Address First Natl Bank Bldg Date signed 10/20/48

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

MOTHER, FATHER

JAN 20 1949

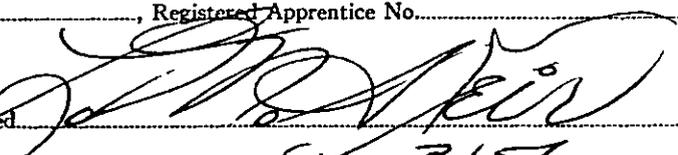
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3156

P. O. Address Indeb. 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.