

S. No. 2
M-5-43
5-17-39
I X36871

FILED OCT 28 1948

Registration District No. 323

Primary Registration District No. 6094

Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town Coatsville, Missouri
(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 D K (Don't know) years, months or days

3. (a) PRINT FULL NAME Emma A Noonan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race White

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

6. (b) Name of husband or wife D K

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

7. Birth date of deceased: Jan 13 1866
(Month) (Day) (Year)

8. AGE: Years Months Days

82 7 9

If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Bright

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

14. Maiden name D K

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

16. (a) Informant Ralph Burgher

(b) Address Coatsville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug, 25 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Coatsville Cemetery

18. (a) Signature of funeral director P. O. Fisher

(b) Address Lancaster Mo

19. (a) Dec 25 / 48 (Date received local registrar) (b) Miss. R. J. Droser (Registrar's signature) 353

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler 98

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from was not attended _____, 19____, to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous old age

Due to Heart attack

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 950

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)

(c) Means of injury _____

23. Signature W. W. C. ... (M. D. or other) P. O.

Address Coatsville, Missouri Date signed 10-24-48

OCT 24 1948

RECEIVED

District Health Officer No. 10

District File Number 10-48-1838

Date Filed OCT 26 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..... *P. O. Fenton*.....

Licensed Embalmer No. 3705.....

P. O. Address..... *Van Nuys*.....

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.