

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24105

FILED JUL 19 1949

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>234</u>		
1. PLACE OF DEATH a. COUNTY <u>MADE Marion.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls, Mo.</u>				
b. CITY OR TOWN <u>Hannibal, Missouri.</u>		c. LENGTH OF STAY (in this place) <u>5 Days.</u>		c. CITY OR TOWN <u>Rural (Salriver Township)</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Elizabeth Hospital.</u>				d. STREET ADDRESS (If rural, give location) <u>Perry, Missouri R.F.D.</u>				
3. NAME OF DECEASED (Type or Print) <u>Emma Fern Nolan</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>July, 8, 1949.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April, 4, 1909</u>		9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 1 YEAR Days <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Ralls County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Robert Deake</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Crawford</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Nolan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Nolan</u>		ADDRESS <u>Perry, Missouri.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Ca.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ca. of Breast</u>			<u>?</u>	
				DUE TO (c)				
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>MoX</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>July 3, 1949</u> , to <u>July 8, 1949</u> , that I last saw the deceased alive on <u>July 7, 1949</u> , and that death occurred at <u>5:00A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or Title) <u>M.D.</u>				23b. ADDRESS <u>Hannibal, Missouri.</u>		23c. DATE SIGNED <u>7-11-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-11-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Paul Cemetery.</u>		24d. LOCATION (City, town, or county), (State) <u>Ralls County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-13-49</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Luckel</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Clyde B. Wilkey</u>		ADDRESS <u>Perry, Missouri.</u>		

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

John E. Maxwell Student Embalmer No. 252
working under my personal supervision.

Student John E. Maxwell
Student Embalmer

Signed Clyde C. Wiley
Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

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.