

FILED NOV 30 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37872

BIRTH NO. REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4368 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ms</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Shentworth ms</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Shentworth, ms 0730</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>no. street add. Shentworth, ms</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no. St. add. Shentworth, ms</u>			

3. NAME OF DECEASED (Type or Print) <u>MARIE E. NOLAN</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 16 50</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 6 - 1867</u>	9. AGE (In years) (Last birthday) Months Days Hours Min. <u>83 6 9</u>
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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	11. BIRTHPLACE (State or foreign country) <u>not known</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>not known</u>	13b. MOTHER'S MAIDEN NAME <u>not known</u>	14. NAME OF HUSBAND OR WIFE <u>Mike V. Nolan</u>
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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>Mrs Effie Gorman, Shentworth</u>	ADDRESS <u>5592x</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug. 1934, to Nov. 16, 1950, that I last saw the deceased alive on Nov. 3, 1950, and that death occurred at 12:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles S. Moore, M.D.</u>	23b. ADDRESS <u>Puise City, Mo</u>	23c. DATE SIGNED <u>11/16/50</u>
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24a. BURIAL, CREMA TION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov 18 - 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Labre's Cntry</u>	24d. LOCATION (City, town, or county) (State) <u>Puise City, ms</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 19, 1950</u>	REGISTRAR'S SIGNATURE <u>M. L. Young</u>	225	25. FUNERAL DIRECTOR'S SIGNATURE <u>Helms Bros. Puise City, Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

21

RECEIVED

Sanitary Health Officer No. Newton Co. Health Dept.
Sanitary File Number 1150-253
Date Filed 11/21/50

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

Edwin J. Wilks

Student Embalmer No. 4131

working under my personal supervision.

Student
Student Embalmer

Signed Edwin J. Wilks

Licensed Embalmer No. 4131

P. O. Address Lawrenceville, Ga.

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.