

FILED NOV 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37489**
Registrar's No. **4754**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4754	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) 30 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 2078		d. STREET ADDRESS (If rural, give location) 6649 BROADMOOR ROAD	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6649 BROADMOOR ROAD				d. STREET ADDRESS (If rural, give location) 6649 BROADMOOR ROAD			
3. NAME OF DECEASED (Type or Print) a. (First) LOLA			b. (Middle)			c. (Last) NOLF	
4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 5 1951		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH DEC 22 1884		9. AGE (In years last birthday) 66		10. AGE (In years) IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (State or foreign country) Mountain View, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mountain View, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOSHUA FARRAR		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE JACOB H. NOLF		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME JACOB H. NOLF		17. ADDRESS 6649 BROADMOOR ROAD KANSAS CITY, MO		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Death by Hanging	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Death by Hanging		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Death by Hanging		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. None		INTERVAL BETWEEN ONSET AND DEATH 2974	
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) Suicide	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) KANSAS CITY JACKSON MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 11-5 51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Self Inflicted		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:15A m. , from the causes and on the date stated above.		23a. SIGNATURE Hugh R. Owens (Degree or title)		23b. ADDRESS 1034 Crafts Bldg	
23c. DATE SIGNED 11-5-51		24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov-7-1951		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		DATE REC'D BY LOCAL REG. 11-7-51		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer ADDRESS 1331 23RD GREEN KANSAS CITY MO.	

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

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.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed.....

Robert Ray

Licensed Embalmer No.

4182

P. O. Address.....

Kansas City,

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.