

FEB FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1410

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 317

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hosp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>9150</u>	
		d. STREET ADDRESS (If rural, give location) <u>1510 W. 39th Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>F</u>	
		c. (Last) <u>NOLAN</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>1-18-1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-6-1875</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work or profession most of working life, even if retired) <u>Rel. Butcher Armour + Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Daniel Nolan</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Campbell</u>	
14. NAME OF HUSBAND OR WIFE <u>Rose A. Nolan, RCR</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME (Print name and address) <u>Louise Deane Campbell</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertrophy + Dilatation of heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic coronary heart disease</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>several years</u> <u>4201</u> <u>several years</u>		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>4-7</u> , 19 <u>51</u> , to <u>1-18</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-18</u> , 19 <u>52</u> , and that death occurred at <u>4 pm</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>P. M. Nunn</u>		23b. ADDRESS <u>1401 SW Blvd Kc Kan</u>	
23c. DATE SIGNED <u>1-11-52</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cem.</u>	
23e. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>		24. BURIAL (REMOVAL) (Specify) <u>Burial</u>	
24b. DATE <u>1-24-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>		24e. DATE REC'D BY LOCAL REG. <u>1-21-52</u>	
24f. REGISTERAR'S SIGNATURE <u>Seraldine Holmes</u>		24g. FUNERAL DIRECTOR'S SIGNATURE <u>Katie Daniels</u>	
24h. ADDRESS <u>1526 Mumcu</u>		24i. ADDRESS <u>12 C. 76</u>	

Dr. Dunn
72101 S.W. Blvd.

Daniels Bros
Dr. 0707

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.....

Wm. L. Ward

Licensed Embalmer No. 9991

P. O. Address 308 E. 68th St

W. E. 1210

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.