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

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5123		Registrar's No. 973	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL, and give township) Rural, Agency Twsp		c. LENGTH OF STAY (in this place) life		c. CITY OR TOWN Agency		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION RR #1, Agency				e. STREET ADDRESS (If rural, give location) RFD #1, Agency 0110			
3. NAME OF DECEASED (Type or Print) a. (First) IRA		b. (Middle) LEE		c. (Last) NOLAND		4. DATE OF DEATH (Month) (Day) (Year) SEPT 4, 1955	
5. SEX male <input type="radio"/>		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 23, 1902	
9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work for most part of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction Co.		11. BIRTHPLACE (City and State or Foreign Country) C Buchanan County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Noland		13b. MOTHER'S MAIDEN NAME Lula May Mitchell		14. NAME OF HUSBAND OR WIFE Beulah Noland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If so, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-07-6360		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beulah Noland, RR #1, Agency, Mo.			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation  ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) Man hanged himself with a rope looped around his neck and tied to a limb of a tree. He then stepped off the hood of his car, causing him to hang by the neck. E974x.				INTERVAL BETWEEN ONSET AND DEATH 1 day	
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) Agency Twsp (RR #1) Buchanan Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 4, 1955 12:40P m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Man hanged himself			
22. I hereby certify that I viewed the deceased on Sept 4, 1955, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:40P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H F Mundy (Coroner) M.D.				23b. ADDRESS St. Joseph, Missouri		23c. DATE SIGNED 9-4-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Sept 7, 1955		24c. NAME OF CEMETERY OR CREMATORY Agency Cemetery		24d. LOCATION (City, town, or county) (State) Agency, Mo.	
DATE REC'D BY LOCAL REG. Sept 9, 1955		REGISTRAR'S SIGNATURE Gather M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John E. Rupp, 6054 Pryor Ave., St. Joseph, Mo.			

SEP 28 1936

MAR 7 1936

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, ~~of~~ by ..... Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Albina E. Beyer* .....

Licensed Embalmer No. *479* .....

P. O. Address *St. Joseph* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.