

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32240

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 307

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
131 SO. HANOVER 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. none (Specify whether
In this community 26 YEARS.
years, months or days)

3. (a) PRINT FULL NAME R. A. NOLAND

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ANNIE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH - 10 - 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 6 28 hr. _____ min.

9. Birthplace EGYPT MILLS Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation CONTRACTOR

11. Industry or business BUILDING

12. Name WILLIAM NOLAND

13. Birthplace ORIOLE Mo D
(City, town, or county) (State or foreign country)

14. Maiden name PAMELIA GARNER

15. Birthplace ORIOLE Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. JAKE HITT

(b) Address CAPE GIRARDEAU Mo.

17. (a) BURIAL (b) Date thereof 10-10-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Walters Funeral Home

(b) Address Cape Girardeau Mo.

19. (a) 10-11-48 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County CAPE GIRARDEAU
(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")
(d) Street No. 131 SO. HANOVER 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 8th
year 1948 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept 28th
1948 to Oct 7, 1948;
that I last saw him alive on Oct 8 - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death d. l. s. (urino)
myocarditis myocarditis 2 yrs
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 97%
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? _____ (e) Means of injury 0

23. Signature W. J. W. W. (M. D. or other) _____
Address Cape Girardeau Mo Date signed 10-9-48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

City Health Officer No. 4
Certificate Number 1048-128
Date 10-18-48

OCT 20 1948

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Virgil H. Kelch
Licensed Embalmer No. 4102
P. O. Address Cape Girardeau - Mo

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.