STATE OF IOWA

1. PLACE OF DEATH

807 ~~IOWA~~ 33295

County Schuyler State: Missouri Registered No.

Township Chariton or Village 6052 or

City ~~Coatesville~~ No. St., Ward

(If death occurred in a hospital or institution give its name instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Emmet Noonan

(a) Residence. No. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Emma A. Noonan

6. DATE OF BIRTH (month, day, and year) Dec. 23, 1858

7. AGE Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
72	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Station Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept. 1931

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Seeleyville, Indiana

FATHER

13. NAME John Noonan

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Mrs) D E Noonan (Address) Coatesville, Missouri

18. BURIAL, CREMATION, OR REMOVAL

Place Coatesville Date Sept. 19 31

19. LICENSED EMBALMER E. R. Moen No. 2497 (Address) Moulton, Iowa.

20. FILED Sept 22, 19 Clarence Judd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 20, 19 31.

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1931 to Sept 20th, 1931

I last saw him alive on Sept 17, 1931, death is said to have occurred on the date stated above, at 12:50 AM.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
myocarditis	~~9/1931~~
930	

Contributory causes of importance not related to principal cause:

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased, No

If so, specify

(Signed) E E Heston M. D.

(Address) Centerville Ia

(OVER)

TION is very important. See instructions on back of certificate.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS.

Has decedent ever served in military or naval service of the U. S.?..... If so give name of War.....

I, E. R. Moen Licensed Embalmer No. 2497 hereby certify

the body recorded on the reverse side of this certificate was embalmed by myself I

No..... or by..... Registered apprentice No.....

working under my personal supervision.

Signed E. R. Moen

Licensed Embalmer No. 249

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITI
(Failure to comply with the above constitutes grounds for revocation of license).