FILED MAY 20 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14572

State File No.

Registration District No. 156 Primary Registration District No. 5220 Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County Cass Pacific

(b) City or town Harrisonville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days) 453

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

(c) City or town Gunn City (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Thomas Noland

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fannie McCloud

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 9 (Month) 11 (Day) 1852 (Year)

8. AGE: Years 87 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Laborer

11. Industry or business

FATHER
12. Name Joseph Noland
13. Birthplace 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Baren
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Earl McCloud

(b) Address Kingsville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-40 (Month) (Day) (Year)

(c) Place: burial or cremation Sloans Cemetery

18. (a) Signature of funeral director D. T. McGinger

(b) Address Pleasant Hill Mo.

19. (a) 5-15-1940 (Date received local registrar) (b) J. Wensley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1940 hour 11 a.m. minute M.

21. I hereby certify that I attended the deceased from Mar. 8 1940 to Mar 9 1940 that I last saw him alive on Mar 9 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation heart Chronic Nephritis

Due to

Due to

Other conditions — (Include pregnancy within 3 months of death) 131

Major findings:
Of operations

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? 845 (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address E. M. Griffith Mo. Date signed Mar 11/40

(Licensed Embalmer's Statement on Reverse Side)

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 D. P. Nofsinger, Registered Apprentice No. _____ working under my personal supervision.

Signed D. P. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Pleasant Hill

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, above space should be left blank.