

S. No. 2  
1-1441  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10299

State File No. ....

FILED APR 2 1942  
Registration District No. 135

Primary Registration District No. 1001

Registrar's No. 295

1. PLACE OF DEATH:

(a) County Buchanan,  
(b) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days, 0  
(Specify whether  
In this community 7 days,  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas, (b) County Atchison, 999  
(c) City or town Atc Rural, 14  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. # 2, Atchison, Ks.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 2)

3. (a) PRINT FULL NAME Stella Boyle Nole

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edward Nole 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased. August 13 1881  
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 5 If less than one day  
hr. min.

9. Birthplace Atchison County Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Joseph Boyle

13. Birthplace Atchison Co., Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Crawford

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

16. (a) Informant L.N. Buis

(b) Address Atchison, Kansas

17. (a) Removal, (b) Date thereof 3/18/42,  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atchison, Kansas,

18. (a) Signature of funeral director W. H. Bowman, Funeral Home

(b) Address 319 So. 10th Street, Atchison

19. (a) 3/18/42 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th.  
year 1942 hour 7:00 minute 35a.m.

21. I hereby certify that I attended the deceased from 3-11-42.  
1942 to 3-18-1942  
that I last saw her alive on 3-17- 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease Duration  
+ shock

Due to Thyroidectomy + operation

Due to thyroiditis chronic

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Hypertrophied thyroid PHYSICIAN  
Of autopsy 6381  
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?

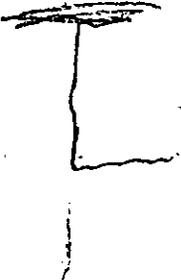
While at work? (Specify type of place) (e) Means of injury

23. Signature Paul Jorgensen (M. D. or other) MD

Address St. Joseph, Mo Date signed 3-18-42

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

MOTHER FATHER



**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 3-18-42

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

Signed Wm. E. Summerfield

Licensed Embalmer No. 3087

P. O. Address 519 So. W. 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 this body is not embalmed, fact should be so stated above.**