

FILED JUN 10 1946

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 Windsor Pl. /
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Windsor Pl. /
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Moss R. 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 Mary K. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 2nd 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Physician

11. Industry or business _____

12. Name Sigmund Noland

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

14. Maiden name Margaret Schrist

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

16. (a) Informant Mrs M. R. Noland

(b) Address Moberly, Mo.

17. (a) Burial (b) Date thereof May 30 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo.

18. (a) Signature of funeral director Mahawand Son

(b) Address Moberly Mo.

19. (a) May 2-46 (b) Deah Threlkeld Lowe
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
year 1946 hour 2 minute 15 a.m.
21. I hereby certify that I attended the deceased from May 1st
_____, 1946, to May 2nd, 1946
that I last saw him alive on May 2nd, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Hypertension
Due to arteriosclerosis and
arterio-sclerotic nephritis
Other conditions Old fracture of Rt. tibia & fibula
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy 850

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 Will Thompson (M. D.)
Address Woodland Road Date signed 3 May 46

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

16630

RECEIVED

District Health Officer No. 10

District File Number 6-46-1138

Date Filed JUN 6 1946

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 Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.