

FILED JUL 9 1946

Registration District No. 42

Primary Registration District No. 5123

Registrar's No. 750

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Faucett Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Agency Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 22 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town Faucett Mo. Rural P.F.D. #1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jack-Heroy Noland

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased June 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 22 hr. _____ min.

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

10. Usual occupation NONE

11. Industry or business NONE

12. Name George Noland

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

14. Maiden name Melba McFadden

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

16. (a) Informant George Noland

(b) Address Faucett Mo

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

(c) Place: burial or cremation Agency Cem.

18. (a) Signature of funeral director H. A. Sullivan

(b) Address GOWER Mo

19. (a) July 1, 1946 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1946 hour viewed 11 minute pm M.
21. I hereby certify that I attended the deceased from June 30th 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Congenital unclosed Foramen Ovale of heart with heart failure Duration _____

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy 1572

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature P. W. Tadlock Coroner
Address King Hill Rdg Date signed 7/1/46

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.....

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

Signed..... *J. A. Sullivan*

Licensed Embalmer No. *1938*

P. O. Address..... *Gower 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.