

FILED NOV 4 1947 149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1107 WEST 49TH ST /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO (Specify whether)
In this community 27 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1107 WEST 49TH ST
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME JOHN JOSEPH NOONE

3. (b) If veteran, name war NO #1 3. (c) Social Security No. 487-0-2641

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. RUTH PECK NOONE 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased. AUGUST 31 1889
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 78 If less than one day hr. _____ min. _____

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

10. Usual occupation BANKING

11. Industry or business BANKING

12. Name HUGH NOONE

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

14. Maiden name ETREN MCCABE

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

16. (a) Informant Mrs. RUTH PECK NOONE

(b) Address 1107 WEST 49TH K.C. MO.

17. (a) BURIAL (b) Date thereof 10-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MORIAH CEM.

18. (a) Signature of funeral director STINE & MCCLURE

(b) Address 3235 WILLIAM PLAZA K.C. MO.

19. (a) 10-20-47 (b) Stirling Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 18 year 1947 hour 1:30 minute 1 M.

21. I hereby certify that I attended the deceased from 1943 to Oct. 18 1947 that I last saw him alive on Oct. 17 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
(Rheumatic) heart disease
Aortic Insufficiency
Auricular Fibrillation
(Marked Cardiac Enlargement)
Due to _____
Due to _____

Duration Few hrs.
30+ yrs.
4 yrs.
4 yrs.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 92
Of operations _____
Of autopsy _____

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 (1)

23. Signature Harold M. Roberts (M. D. or other) M.D.
Address 1103 Grand, K.C., Mo. Date signed 10-18-47

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

APR 6 1950

Dr. Harold M. Rudenka
Capt. Beady.
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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 Robert Reed

Licensed Embalmer No. 3745-

P. O. Address H. C. 1700

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.