

S. No. 2  
4-8-43  
5-17-39  
X37823

FILED DEC 12 1947  
Registration District No. **381**

Primary Registration District No. **4510** Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County **SULLIVAN**

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community **6 WEEKS**

3. (a) PRINT FULL NAME **OLIVER TURNER NOLAND**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NO**

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **ELLEN E. NOLAND**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **FEBRUARY 5 1879**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>68</b>	<b>9</b>	<b>15</b>	hr. _____ min.

9. Birthplace **PUTNAM COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMING**

11. Industry or business **FARM**

MOTHER FATHER { 12. Name **DOSTER NOLAND**

13. Birthplace **MONROE, Co. Iowa**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Jane Cave**

15. Birthplace **McDonner, Co. Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **J. M. Noland**

(b) Address **462 State Line, Kansas City, 3, Kansas**

17. (a) **BURIAL** (b) Date thereof **NOV. 23 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **UNIONVILLE CEMETERY**

18. (a) Signature of funeral director **COMSTOCK FUNERAL HOME**

(b) Address **UNIONVILLE, MO. BY J. W. Comstock**

19. (a) **Dec. 3 - 1947** (b) **Mrs. M. B. Harris**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **PUTNAM** **86**

(c) City or town **"RURAL"** **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. **UNIONVILLE** **1**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER** day **20**  
year **1947** hour **9** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **October 20**, 19**47**, to **November 20, 1947**  
that I last saw h. l. m. alive on **November 20, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury **2**

23. Signature **Frank Felder** (M. D. or other) **D.O.**  
Address **Milan, Mo.** Date signed **11/22/47**

JAN 7 1948

DEC 17 1947

DEC 17 1947

RECEIVED  
District Health Officer No. 10  
District File No. 12-47-1727  
Date Filed DEC 18 1947

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 James W. Pomatoch

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.