

No. 300
4-10-47
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32084

FILED NOV 1 1948
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1129

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2309 Bartlett St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community 8 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2309 Bartlett St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dixie Jean Nolan

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1948 hour 1 minute A M.

21. I hereby certify that I viewed deceased from Sept 30th, 1948 to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased September 22, 1948
(Month) (Day) (Year)

Immediate cause of death Accidentally Smothered to death Duration _____

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

Due to _____

Due to _____

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

10. Usual occupation Infant

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

11. Industry or business _____

12. Name James Nolan

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

14. Maiden name Marylyn Despain
(City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant James Nolan

(b) Address 2309 Bartlett, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 10-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address St. Joseph, Mo.

19. (a) Oct 27, 1948 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Sept 30th 1948

(c) Where did injury occur? St. Joseph, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? No (Specify type of place) Means of injury Smothered

23. Signature B. W. Tadlock Coroner
Address KING HILL BLDG Date signed 10/1/48
St. Joseph, Mo.

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.....

Victor Barry

Licensed Embalmer No.

14212

P. O. Address.....

St. Jo. 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.