

No. 30-10-47
5-17-39
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 11 1948

Registration District No. 749

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

36780
State File No. 4802
Registrar's No.

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

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: Research Hospital 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether
In this community 16 days
years, months or days)

3. (a) PRINT FULL NAME VELMA E. NOLL

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert Noll 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased. Sec. 28 1910
(Month) (Day) (Year)

8. AGE: Years 27 Months 10 Days 26 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Albert G. Weishaar

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

14. Maiden name Frances Bartels

15. Birthplace Jefferson County, Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Noll

(b) Address Winchester, Kansas

17. (a) Removed (b) Date thereof Nov. 24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corpus Christi Cem. Norton Township - 12th Co. Mo.

18. (a) Signature of funeral director Francis Westcott

(b) Address Kansas City, Mo.

19. (a) 11-24-48 (b) Geraldine Tolome
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Jefferson 999
(c) City or town Winchester 14
(If outside city or town limits, write "RURAL") U
(d) Street No. Route 1 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1948 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from Nov. 8 1948 to Nov. 24 1948
that I last saw her alive on Nov. 23 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor brain stem and basilar nucleus Duration 2 mo.

Due to (glioma)

Due to

Other conditions 54A
(Include pregnancy within 3 months of death)

Major findings: Ventriculo-cerebral duct tumor 3-ventricle & lateral ventricle
Of operations None
Of autopsy None

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?

Frank R. Teachenor
(Specify type of place) (e) Means of injury

23. Signature Frank R. Teachenor (M. D. or other) MD
Address 411 Alvin Road, L.C. Mo. Date signed 11-24-48

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.....

James Donald Coldenow

....., Registered Apprentice No. *225*

working under my personal supervision.

Signed.....

Russell N. France

Licensed Embalmer No. *4255*

P. O. Address. *K. C. Mt*

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.