

REC'D JUN 9

1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17148

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1845
 (c) City Kansas city (d) Street No. Trinity Lutheran Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 6 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Oscar J. Norris 690
 (a) Residence, No. 3732 Colledge St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice K. Norris
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31-1866
 7. AGE YEARS 71 MONTHS 9 DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Engineer
 10. Date deceased last worked at this occupation (month and year) June 1938 11. Time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

FATHER 13. NAME John J. Norris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

MOTHER 15. MAIDEN NAME Heline Jane McDaniel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

17. INFORMANT Mrs. Alice K. Norris
(ADDRESS) 3732 Colledge

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE May 2, 1938

19. FUNERAL DIRECTOR (NAME) W. W. Newcomer
(ADDRESS) Brushcreek + Paseo

20. FILED May 2, 1938 M. D. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/26, 1938, to 4/30, 1938

I last saw him alive on 4/30, 1938. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Paralytic Illness Date of onset 7/28/38

Other contributory causes of importance:

Myocardial thrombosis 4/27/38

Name of operation Exsperatory Date of 4/29/38

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) Janest L. ..., M. D.

(Address) 907 Tralco Bldg.

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

V-2389

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 Neil Carr

Licensed Embalmer No. 3976

P. O. Address

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, above space should be left blank.