

DEC'D OCT 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32146
 Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 288
 (b) Township 2nd Primary Registration District No. 5406 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Lester Norman 655
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1-1937</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>5</u>
	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation <u>1</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bald Knob Arkansas</u>		
FATHER	13. NAME <u>W. E. Norman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Covering Shade Sharp Co. Arkansas</u>	
MOTHER	15. MAIDEN NAME <u>Bessie Marie Culver</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>	
17. INFORMANT <u>W. E. Norman</u> (ADDRESS) <u>Bald Knob Ark</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fredonia</u> DATE <u>9-23</u> 19 <u>38</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Family</u>		
20. FILED <u>9-25</u> 19 <u>38</u> <u>Walter Davis</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1938 to Sept 21, 1938
 I last saw him alive on Sept 21, 1938. Death is said to have occurred on the date stated above, at 3:00 P.
 The principal cause of death and related causes of importance were as follows:

Laryngeal
Septicemia
 Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify Walter Davis
 (Signed) _____, M. D.
Walter Davis
 (Address) _____

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.....

Licensed Embalmer No.....

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.