REC'D FEB 23 1939

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

2634
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 408
(b) Township — Primary Registration District No. 3020 — Registered No. 3
(c) City Carthage — (d) Street No. McCune-Brooke 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 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 635 George B. Norton
(a) Residence, No. 606 S. McGregor St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

49
5
2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: May L. Norton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 13, 1852

7. AGE: YEARS 86 — MONTHS 3 — DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Priest (retired)
9. Industry or business in which work was done, as saw mill, bank, etc.: Episcopal Church
10. Date deceased last worked at this occupation (month and year): 1922
11. Total time (years) spent in this occupation: 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgetown, Illinois

FATHER
13. NAME: Ruel Charles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jericho, Vermont

MOTHER
15. MAIDEN NAME: Frances E. Teale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fairfax, Virginia

17. INFORMANT (ADDRESS): Rev. John R. Anschutz, 822 Howard - Carthage

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Park Cemetery DATE: Jan. 8, 1939

19. FUNERAL DIRECTOR (ADDRESS): Knebel Mortuary, Carthage, Missouri

20. FILED: Jan 6, 1939 E. J. McIntire, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1939, to Jan 6, 1939
I last saw him alive on Jan 5, 1939. Death is said to have occurred on the date stated above, at 7:58 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardosis, chronic	2 yrs.
Asthma, cardiac	

Other contributory causes of importance: 92C
Inanition
Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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
If so, specify .....
(Signed) Emery J. McIntire, M. D.
865 (Address) Carthage

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 6,
District File Number 6-39-377
Date Filed FEB 17 1939

STATEMENT BY LICENSED EMBALMER

I, F. W. Kmell, Licensed Embalmer No. 814

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed F. W. Kmell

Licensed Embalmer No. 814

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)