

APR 15 1939

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

11011
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 384
(b) Township _____ Primary Registration District No. 4227 Registered No. _____
(c) City West Plains (d) Street No. Christa Hogan Hosp. _____ 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. 9 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wanda Davis Norman

(a) Residence, No. Alton Mo. 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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe M. Norman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep-3-1899-

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
39 5 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idola Kansas

FATHER 13. NAME Walter C Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Gertrude Barton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo.

17. INFORMANT (ADDRESS) Joe M Norman Alton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cave Spring DATE 2/24 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leo Carr Wayne Mo

20. FILED 9-22, 1939 Vida M. SIMONS Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/22-39

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1939, to 2-22, 1939

I last saw her alive on 2-22, 1939. Death is said

to have occurred on the date stated above, at 10:00 m.

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

Brain Injury
7:10 PM
Date of onset 2-14-39

Other contributory causes of importance:

fractured skull

Name of operation None Date of _____
What test conducted? Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident. Date of injury 2-14, 1939.

Where did injury occur? SHANNON Co. Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Highway # 19
Manner of injury Collision between Bus + Car

Nature of injury BRAIN INJURY

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

If so, specify _____ (Signed) W. H. Hogue, M. D.

(Address) West Plains Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

U. S. GO. 27 5014-1-38

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MISSISSIPPI DEPARTMENT OF HEALTH
PUBLIC HEALTH DIVISION
STATEMENT BY LICENSED EMBALMER

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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.