

MAY 11 1939

705

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

Do not use this space.

14280

1. PLACE OF DEATH

County Buchanan 3  
Township Washington  
City St. Joseph (No. 1)

Registration District No. 85  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 403  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Romadean Norris St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Sibley, mo (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 10 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. Est. 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as silk mill, 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) Missouri

13. NAME Allen Norris

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

15. MAIDEN NAME Margaret Family name Unknown

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

17. INFORMANT (ADDRESS) Records State Hosp # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Buckner Mo DATE Apr 17 1939

19. UNDERTAKER (ADDRESS) Walter M. Beerhoffer 1302 Ferguson

20. FILED 7/12 1939 W. J. McElwain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1939

22. I HEREBY CERTIFY, That I attended deceased from November 15 1938 to April 13 1939. I last saw her alive on April 13 1939. Death is said to have occurred on the date stated above, at 7:49 a.m.

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

Impacted Feces Date of onset April

Other contributory causes of importance: Idiocy with Congenital cerebral spastic paraplegia Birth \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Chart book Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) D. P. Johnson M. D.  
(Address) State Hosp # 2 St. Joseph, 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.

MARGIN RESERVED FOR BINDING

20M-2-19-36  
V. S. NO. 2  
I X7284

STATEMENT BY LICENSED EMBALMER

I, John O. Anderson, Licensed Embalmer No. 4056

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by me

or by \_\_\_\_\_; Registered Apprentice No. \_\_\_\_\_

(Signed)

John O. Anderson

Licensed Embalmer No. 4056

**NOTE:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDS**.  
(Failure to comply with the above regulation constitutes a violation of the law.)