

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

15066  
 Do not use this space.

REC'D MAY 16 1939

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 398  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3019  
 (c) City Independence (d) Street No. 1313 W. Kensington 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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Laura Belle Norton

(a) Residence, No. 1313 W. Kensington 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 Female 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 Frederick Norton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
90 9 24

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.  
 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) Haggerstown Va.

FATHER 13. NAME Daniel Reed  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Susan E. Norton  
 (ADDRESS) 1313 W. Kensington

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove Cem DATE Apr. 8, 1939

19. FUNERAL DIRECTOR Cato & Speaks Fun. Home  
 (ADDRESS) Independence, Mo.

20. FILED 4-13-39 F. L. Cook Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/6/39, 1939

22. HEREBY CERTIFY, That I attended deceased from 3/25/39, 1939 to 4/6/39, 1939

I last saw her alive on 4/6/39, 1939. Death is said to have occurred on the date stated above, at 10 Pm.

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

Auric. Fibrill. Pulmon. Oedem  
Age & Organic Heart Dis.

Date of onset

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinic 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 \_\_\_\_\_, 1939

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 (Dr. W. E. Messenger)  
 (Signed) \_\_\_\_\_, M. D.

(Address) Independence, 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.

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STATEMENT BY LICENSED EMBALMER

I, Roland R. Spinks, Licensed Embalmer No. 3604

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

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Roland R. Spinks  
Licensed Embalmer No. 3604

**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.)**