

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH21349
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
 (b) Township KAW Primary Registration District No. 1002
 (c) City KANSAS CITY (d) Street No. 4004 PASEO 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

672 MRS ROXCY MURRAY NORRIS
 (a) Residence, No. 4004 PASEO 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 GEORGE P NORRIS
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST-30-1840
 7. AGE YEARS 98 MONTHS 9 DAYS 29 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
 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) YOUNGSTOWN OHIO
 FATHER 13. NAME GEORGE MURRAY
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN
 MOTHER 15. MAIDEN NAME WELTHA LANDON
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) YOUNGSTOWN OHIO
 17. INFORMANT (ADDRESS) MRS. HELEN N HALL 4004 PASEO
 18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE June 30 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMER'S SONS 401-BRUSH CREEK BLVD. 29 39 M. M. Brown
 20. FILED 29 39 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-29-1939
 22. I HEREBY CERTIFY That I attended deceased from Jan 29, 1929, to June 29, 1939
 I last saw him alive on June 28, 1939. Death is said to have occurred on the date stated above, at 8:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Cardiac & Respiratory failure
n.m.o
 Other contributory causes of importance:
Senility (arterio sclerosis)
 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? no
 If so, specify _____
 (Signed) J. Donaldson M. D.
 (Address) 714 Bryant Bldg

704 Bryant Hwy.
10:30 - 3:30

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..... *F. M. Calhoun*.....
Licensed Embalmer No. *3506*.....
P. O. Address..... *15 C mo*.....

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.