REC'D JUL 18 1939

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

22980
Do not use this space.

1. PLACE OF DEATH
(a) County: Pike 2
(b) Township: Buffalo 1
(c) City:
Registration District No.: 689
Primary Registration District No.: 5917
Registered No.:
(d) Street No.: Frankford Road 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.

8=

2. PRINT FULL NAME: John R Norrell
(a) Residence, No.: 614 Frankford Road St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Clara B Norrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12/2-55

7. AGE: Years 83 | Months 6 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (month and year): Several yrs ago
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana Mo 0

FATHER
13. NAME: Spencer Norrell 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana Mo 0

MOTHER
15. MAIDEN NAME: Sarah Weir
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana Mo

17. INFORMANT (ADDRESS): Austin Norrell R 2 Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fairview DATE: 6/18 1939

19. FUNERAL DIRECTOR (NAME): F C Henry
(ADDRESS): Louisiana Mo

20. FILED: 6/16 1939 F C Henry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 16 39

22. I HEREBY CERTIFY, That I attended deceased from Summer of 1937 to June 16 1939
I last saw him alive on June 16 1939. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brights Disease	1937

Other contributory causes of importance: Malaria

31

Name of operation: None Date of
What test confirmed diagnosis? Clinical 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) D M Pearson, M. D.
(Address) Louisiana Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

X14028

RECEIVED
District Health Officer No. 10
District File Number 7-39-1237
Date Filed JUL 13 1939

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, George O. Hagner, or by _____,

Registered Apprentice No._____, working under my personal supervision.

Signed George O. Hagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.