

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

32212
 Do not use this space.

REC'D OCT 10 1939

1. PLACE OF DEATH

(a) County Clinton Registration District No. 204
 (b) Township Shoal Primary Registration District No. 5782
 (c) City _____ (d) Street No. _____ St. _____
 (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

Carrie Alice Norris
 (a) Residence, No. Clinton County. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEP 11 1939, 19

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

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936 to Sept 6, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1864

I last saw him alive on Sept 6, 1939. Death is said to have occurred on the date stated above, at 12:20 p.m.

7. AGE YEARS 75 MONTHS 3 DAYS 8 IF LESS than 1 day, _____ hrs. or _____ min.

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

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 _____

Arterio-sclerosis Date of onset 1935

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

Other contributory causes of importance: _____

FATHER 13. NAME Leonard Singleton

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? no

MOTHER 15. MAIDEN NAME Elizabeth Roland

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Mrs Stella Poncelet Turney, M.O. R. F. D.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Cem. Younger, Mo. DATE Sept. 13, 1939

Manner of injury _____ Nature of injury _____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) O. A. Moore, Cameron, Mo.

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

20. FILE Sept 13 # 39 Local Registrar.

If so, specify _____ (Signed) C. S. Compton, M.D.

(Address) Cameron, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Embalmer's Office No. 111
District No. 1039-1270
Date Filed

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,

O. Moore, or by

Registered Apprentice No., working under my personal supervision.

Signed *O. Moore*

Licensed Embalmer No. *180*

P. O. Address *Cameron*

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.