

WHITE 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.

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

36209  
Do not use this space.

1. PLACE OF DEATH **Holt** 1939 **2** Registration District No. **372**  
 (a) County **Holt** (b) Township **Holt** (c) City **Maumond city** (d) Street No. **1**  
 (e) Length of residence in city or town where death occurred **1 1/2** yrs. **5** mos. **18** ds. (f) How long in U. S., if of foreign birth? **18** yrs. **10** mos. **17** ds.  
 2. PRINT FULL NAME **Ellen Parker Norman**  
 (a) Residence, No. **155 Martin Luther Norman** St.  (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**

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wid.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 11 1858**

7. AGE YEARS <b>81</b>	MONTHS <b>5</b>	DAYS <b>4</b>	If LESS than 1 day, ..... hrs. or ..... min.
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**

9. Industry or business in which work was done, as law mill, bank, etc. **County Judge**

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) **Page Co. Virg.**

FATHER

13. NAME **Wesley M. Norman**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virg.**

MOTHER

15. MAIDEN NAME **Ellen Purdham**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virg.**

17. INFORMANT (ADDRESS) **Alvin Norman**  
**Maumond City Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt Hope** DATE **Oct 17 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **W. G. Campbell**  
**Maumond City Mo.**

20. FILED **Holt** 19 **39** **J. Cherry**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 15 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Mar 20 1938**, to **Oct 15 1939**, I last saw him alive on **Mar 13 1931**. Death is said to have occurred on the date stated above, at **12:20 pm**. The principal cause of death and related causes of importance were as follows:

**Apoplexy**  
**Cerebral thrombosis**

Date of onset \_\_\_\_\_

Other contributory causes of importance: **Arterio sclerosis**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? **Clinical** Was there an autopsy? **no**

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. G. Cherry**, M. D. (Address) **Maumond City Mo.**

San Francisco  
District Health Officer No. 11,

District File Number 1139-1465

Date Filed NOV 8

1939

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**