

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

39716
 Do not use this space.

DEC 15 1939

1. PLACE OF DEATH

(a) County Grundy Registration District No. 328
 (b) Township Lincoln Primary Registration District No. 5462 Registered No. _____
 (c) City _____ (d) Street No. _____ 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 63.5 Cecile Mae Norton

(a) Residence, No. Grundy Co. Mo. 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 8 3

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. _____
 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) Grundy Co. Mo.

FATHER 13. NAME James Tharp
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co. Mo.

MOTHER 15. MAIDEN NAME Edna Betts
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coldwater Mich

17. INFORMANT (ADDRESS) James Tharp Spickard Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethal Cem. DATE Sept. 5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. E. Schooler Spickard Mo.

20. FILED 9-4-39 Gene D. Jacob Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1939

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1939 to Sept. 3, 1939
 I last saw her alive on April 1, 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:

Chronic Arthritis (Insolud)

Date of onset 1924

Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury X, 19____
 Where did injury occur? X (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Chas. E. Schooler D.

(Address) Spickard, Missouri

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.

District Health Officer No. 11,
District File Number 1239-1619,
Date Filed DEC 4 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, Ross Wise

....., or by

Registered Apprentice No., working under my personal supervision.

Signed Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.