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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11161

Registration District No. 391 Primary Registration District No. 4230 Registrar's No. 22

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Ironton's Hospital (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Sunny Mede Farm (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ola Etta Norris 620

3. (b) If veteran, name war #

3. (c) Social Security No. #

4. Sex Fem

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Granville Norris

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb. 27, 1888 (Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 13 If less than one day hr. min.

9. Birthplace Carroll County (City, town, or county) Ark. (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name John O'Neal
13. Birthplace Carroll Co. Ark. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Morris
15. Birthplace Carroll Co. Ark (City, town, or county) (State or foreign country)

16. (a) Informant Granville Norris

(b) Address Bismarck Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3/12.40 (Month) (Day) (Year)

(c) Place: burial or cremation Green Forest Ark.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) Mar-12-40 (Date received local registrar) (b) Julia A. Gunton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-9-40 day year hour 12-15 minute P. M.

21. I hereby certify that I attended the deceased from 3-9-40 at 3 P.M., 19, to 3-9-40 12 P.M.; that I last saw her alive on 3-9-40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to

Due to

Other conditions 7 Cons - (Include pregnancy within 3 months of death)

Major findings: Of operations None -

Of autopsy None -

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Ironton - Mo. Date signed 3/9/40

(Licensed Embalmer's Statement on Reverse Side)

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 Arnold J. White

Licensed Embalmer No. 3012

P. O. Address: Trenton Tenn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.