

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 35

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 8 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGE W. NORRIS 620
3. (b) If veteran, name war none
3. (c) Social Security No. 487-01-6143

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY COLEMAN NORRIS
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JULY 6 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 8 6 hr. min.

9. Birthplace BOONE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation SHOE MAKER
11. Industry or business SHOE FACTORY

12. Name GEORGE W. NORRIS
13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name SARAH FRANCIS ROLAND
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mary Norris
(b) Address Boonville 720 Sixth St.

17. (a) BURIAL (b) Date thereof APRIL 14-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation COLUMBIA, MISSOURI

18. (a) Signature of funeral director STEGNER & KOENIG
(b) Address BOONVILLE, MO.

19. (a) 4-13-40 (b) B. Hooper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County COOPER
(c) City or town BOONVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. 720 SIXTH STREET
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 11
year 1940 hour 12:10 minute _____ p. m.

21. I hereby certify that I attended the deceased from April 5, 1940, to April 11, 1940
that I last saw him alive on April 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated gastric ulcer Duration 6

Due to Perforation of gastric ulcer

Due to _____

Other conditions 117 N
(Include pregnancy within 3 months of death)

Major findings: Perforated gastric ulcer
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. C. Beckwith (M. D. certificate) _____
Address Boonville, Mo. Date signed 4-13-40

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED
District Health Officer No. 8
07-07-2

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..... *James W. Stegner*
Licensed Embalmer No. *3780*
P. O. Address..... *Boonville, 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.