

MAY 15 1940

328

5464

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

(a) County Grundy
(b) City or town Brimson Taylor twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from March 25th
1940, to March 27th 1940;
that I last saw him alive on March 27th 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis

Duration

3.3

Due to _____
Due to _____
Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations:
Of autopsy:
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?
300 (Specify type of place)

23. Signature Oliver P. Duffy (M. D. or other) _____
Address Brenton Mo Date signed March 27th

8. (a) PRINT FULL NAME JAMES NORTON 135

3. (c) Social Security No. _____
8. (b) If veteran, name war _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased April 20 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 23
If less than one day _____ hr. _____ min.

9. Birthplace Grundy County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Home

12. Name Robert Norton

18. Birthplace Mercer County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Edwina Starnes

15. Birthplace Grundy County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Iva M. Shaw
(b) Address Brimson Mo.

17. (a) Burial (b) Date thereof 3 29 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Raymond D. Davis
(b) Address Brimson Mo.

19. (a) 3-29-40 (b) Irene D. Fair
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 11, ~~2~~ 724
District File Number 540-
Date Filed MAY 4 1940

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 _____

Robert B Davis

Registered Apprentice No. 212

working under my personal supervision.

Signed

Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Fresno, 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.