

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

15565

Registrar's No.

601

MAY 15 1940

Registration District No. 611

Primary Registration District No. 5796

1. PLACE OF DEATH:

- (a) County Morgan
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 57 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Walter B. Norman

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married divorced married
6. (b) Name of husband or wife May 6. (c) Age of husband or wife if 80 years
Walter Norman alive 25 years
7. Birth date of deceased Nov 25 - 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 16 If less than one day hr. _____ min. _____9. Birthplace Morgan Co Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired farmer

11. Industry or business _____

12. Name George Norman13. Birthplace State of Virginia
(City, town, or county) (State or foreign country)14. Maiden name Sarah Bolton15. Birthplace State of Kentucky
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Lucile Lutgen(b) Address Smithton Mo17. (a) Burial (b) Date thereof 4-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Smithton, Mo18. (a) Signature of funeral director G. F. Nemmer(b) Address Smithton Mo19. (a) Apr 13 (b) Mrs Arthur Schoden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Morgan
(c) City or town Rural
(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 Apr day 11
year 1940 hour 10 minute 45 M.21. I hereby certify that I attended the deceased from Apr 12 to Apr 10 1940
that I last saw male alive on Apr 10 and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis Duration _____

Due to _____

Due to 93 COther conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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)

Means of injury Chronic Myocarditis23. Signature Arthur Schoden (M. D. or other) _____Address Smithton Mo Date signed Apr 12

RECEIVED

District Health Officer No. 7,

District File Number 5-40-703

Date Filed 5-6-40.

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 _____

A. F. Nemmeyer

Licensed Embalmer No. _____

3912

P. O. Address _____

Smithton 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.