

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.

Registration District No. 461 Primary Registration District No. 3024 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lexington
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 40 yrs
years, months or days

3. (a) PRINT FULL NAME William Norles
8. (b) If veteran, name war _____ 8. (c) Social Security No. 487-05-0384

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lizzie Norles 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 31 1879
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Wilmington, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business Western Coal Mining Co.

MOTHER FATHER
12. Name William Norles
13. Birthplace Not Known
(City, town, or county) (State or foreign country)
14. Maiden name Bessie Hawkins
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lizzie Norles

(b) Address Lexington, Mo.

17. (a) Burial (b) Date thereof June 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Winkler

(b) Address Lexington, Mo.

19. (a) June 10 (b) Wesley Hale
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Lexington, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 25 1/2 St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1940 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 24, 1940 to May 31, 1940
that I last saw him alive on May 30, 1940
and that death occurred on the date and year stated above.

Immediate cause of death _____ Duration _____

Due to Quemous pneumoniae pneumoniae & pulmonary phlebotomiasis
Due to _____

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

Major findings:
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? _____

(Specify type of place) _____
(e) Means of injury _____

23. Signature W. W. Winkler M. D. or other _____

Address Lexington, Mo. Date signed 6/10/40

SEP 7 1948

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-13-48

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 W. A. McLean

Licensed Embalmer No. 2983

P. O. Address Leicester, Mass

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.