JUN 16 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19130

Do not use this space.

1. PLACE OF DEATH
(a) County Nodaway Registration District No. 625
(b) ~~Township~~ Polk Primary Registration District No. 3031 Registered No. 67
or
(c) City Maryville Mo (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 620 JOSEPHINE JOHNSON NORRIS
(a) Residence, No. 821 East 4th St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James P. Norris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23 1863
7. AGE YEARS 78 MONTHS 2 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisa Co. Iowa.

FATHER
13. NAME Jesse Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Delilah Nickles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) James P. Norris 821 East 4th Maryville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Maryville Mo DATE May 28 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell Funeral Home 957 South Main Maryville Mo
20. FILED May 28 1940 Manuel E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1940
22. I HEREBY CERTIFY, That I attended deceased from May 18 1940, to May 18 1940
I last saw her alive on May 18 1940. Death is said to have occurred on the date stated above, at 12:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	unknown
Other contributory causes of importance: Cerebral Apoplexy	4-25-40

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys. Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W. L. Landfather
551 (Address) Maryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X16605

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 W. Dean Campbell, Registered Apprentice No. ..... working under my personal supervision.

Signed W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Marquette M

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

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