

FEDERAL JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22520

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 212

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

1. PLACE OF DEATH:

(a) County Pettis 2

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
400 S. Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 years years, months or days)

3. (a) PRINT FULL NAME WILLIAM FRANCIS NORTON 635

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

4. Sex male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessamine Norton 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan 12 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 5 7 hr. min.

9. Birthplace Zanesville Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Merchant 5

11. Industry or business Retail Business 4

MOTHER FATHER

12. Name Michael Norton

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Ward

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant W. L. Hennescott
(b) Address Sedalia

17. (a) Burial (b) Date thereof 6/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Miss Sally Lin 900
(b) Address Sedalia

19. (a) 6-19-40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 400 So. Grand
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1940 hour 11 minute 45 P M.

21. I hereby certify that I attended the deceased from June 19, 1940, to June 19, 1940
that I last saw him alive on June 19, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to arterio-sclerosis

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Duration
1 hour
also low
1 hr
6 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: none

Of operations _____

Of autopsy none

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?
900 none

While at work? none (Specify type of place) (e) Means of injury none

23. Signature Chas. Sneed (M. D. or nurse)
Address Sedalia Mo. Date signed June 20 1940

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-11-40

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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Seaside

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.