DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25917

State File No.

Registration District No. 653 Primary Registration District No. 6871 Registrar's No.

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

AUG 21 1940

1. PLACE OF DEATH:

(a) County Pemiscot 2

(b) City or town Rural--Braggodocia, Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pemiscot County Farm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr-10 mo. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot

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

(d) Street No. County Farm- Rural
(If rural, give location)

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

3. (a) PRINT FULL NAME KIZZY NORMAN 655

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race col

6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased not known (Month) (Day) (Year)

8. AGE: Years abt 50 Months Days ✓ If less than one day hr. min.

9. Birthplace not known (City, town, or county) 9 (State or foreign country)

10. Usual occupation "

11. Industry or business " N.M.O. 9

FATHER
12. Name " 9
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant J.W. Randolph
(b) Address Hayti, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-38 (Month) (Day) (Year)
(c) Place: burial or cremation Pemiscot County Farm

18. (a) Signature of funeral director J.W. Randolph
(b) Address Hayti, Missouri

19. (a) 8/1/40 (Date received local registrar) (b) Pearl Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1
year 1938 hour minute 5A M.

21. I hereby certify that I attended the deceased from Oct, 1936 to Aug., 1939
that I last saw him alive on Daily, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death General Paralysis of the Insane Syphilis — Duration 10-12 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 83

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? 946 (Specify type of place)
While at work? (e) Means of injury Health

23. Signature Fred L. Ogilvie (M. D. or other) Officer
Address Caruthersville Date signed Aug 1/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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