

FILED AUG 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26164

Registration District No. 774

Primary Registration District No. 4465

Registrar's No. 961

1. PLACE OF DEATH St. Francis
 (a) County St. Francis
 (b) City or town Flat River
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community _____
 years, months or days) 635

3. (a) PRINT FULL NAME Lolara Lue Norton
 8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced
 6. (b) Name of husband or wife Ed Norton 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 12 1866
 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Odin Ill
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business at home

12. Name Melvin Anasmita

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

14. Maiden name Sarah Williams

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

16. (a) Informant Hazel King
 (b) Address Flat River Mo

17. (a) Burial (b) Date thereof 7-30-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odin Ill.
 18. (a) Signature of funeral director Leahwell Butz
 (b) Address Flat River Mo

19. (a) 7/30 (b) 40
 (Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St. Francis
 (c) City or town Flat River
 (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 July day 28, 1940
 year 1940 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from June 19 1940 to July 28 1940
 that I last saw her alive on July 26 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus
 Duration 2 year

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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? _____

23. Signature W.A. Parling (Specify type of place) _____ (e) Means of injury _____
 While at work? _____

23. Signature _____ (e) Date signed _____

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

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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 with the above constitutes grounds for revocation of license.)

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