S. No. [illegible] AUG 23 1940
—11-10-39
. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26421

Registration District No. 799 Primary Registration District No. 4479 Registrar's No. 34

7
8
1

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Saline
(c) City or town Slater
(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.

3. (a) PRINT FULL NAME Margaret Ann Norvell 614
3. (b) If veteran, name war ^
3. (c) Social Security No. ^
4. Sex Female
5. Color or race Wh.
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Thos. Norvell
6. (c) Age of husband or wife if alive ^ years
7. Birth date of deceased Aug. (Month) 17 (Day) 1853 (Year)

8. AGE: Years	Months	Days	If less than one day
86	10	21	hr. min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER
12. Name Joe Wood
13. Birthplace KY
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eliza Tisdal
15. Birthplace Ky.
(City, town, or county) (State or foreign country)
16. (a) Informant Nonie Norvell
(b) Address Slater Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/40 (Month) (Day) (Year)
(c) Place: burial or cremation Slater Mo.
18. (a) Signature of funeral director HILL BROS. 709
(b) Address Slater Mo.
19. (a) July 9 (Date received local registrar) (b) W. M. Tuttle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th.
year 1940 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from Feb 1938 to July 7, 1940
that I last saw her alive on July 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. myocarditis	?
Carcinoma of bone	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Not done

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)
While at work? (e) Means of injury
23. Signature C. A. McBurney (M. D. ~~or other~~)
Address Slater, Mo Date signed 7/8/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 8-12-40
Date Filed

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 Edgar Moore, Registered Apprentice No. 230, working under my personal supervision.

Signed Sam M Hill

Licensed Embalmer No. 1292

P. O. Address Slater Mo

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.