

SEP 16 1940 85

Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

Registrar's No. 907

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

1. PLACE OF DEATH: **BUCHANAN**

(a) County: BUCHANAN

(b) City or town: ST. JOSEPH  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MO. METHO. HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 hours  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME: Baby Boy Norman 155

3. (b) If veteran, name war: -

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: \_\_\_\_\_

6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: August 16 1940  
(Month) (Day) (Year)

8. AGE: Years: 0 Months: 0 Days: 1 day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Century Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Infant

11. Industry or business: \_\_\_\_\_

MOTHER FATHER { 12. Name: Eldon Norman

13. Birthplace: Century Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name: Bernice, Elizabeth

15. Birthplace: Century Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant: Taylor R. Gluth

(b) Address: Century Missouri

17. (a) Removal (b) Date thereof: Aug 17 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Century Missouri

18. (a) Signature of funeral director: Edwin Bird

(b) Address: Denver Mo.

19. (a) 819-1940 (b) H. W. Hutter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Century

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

(d) Street No.: Route 2  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17  
year 1940 hour 19 minute 15 a.m.

21. I hereby certify that I attended the deceased from Aug 16  
1940 to Aug 17 1940  
that I last saw him alive on Aug 17, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity

Duration: 1 day

Due to: \_\_\_\_\_

Due to: 1 1/2

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?  
85  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury: \_\_\_\_\_

23. Signature: Dr. Roger Moore (M. D. or other) MD  
Address: Dr. Joseph Moore Date signed: Aug 17 1940

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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.**