

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 5439

1. PLACE OF DEATH: GREENE
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution:
Route # 2
(d) Length of stay: In hospital or institution 9
In this community 9 years, months or days

3. (a) PRINT FULL NAME Norma Jean Wayne
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased August 3 1940

8. AGE: Years 0 Months 0 Days 20
If less than one day hr. min.

9. Birthplace Greene County Missouri

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name Bobby Gene Wayne
13. Birthplace Unknown Texas
14. Maiden name Alice Irene White
15. Birthplace Unknown Kansas

16. (a) Informant Bobby Gene Wayne
(b) Address Route # 2 Springfield, Mo.

17. (a) Burial (b) Date thereof Aug 23 1940
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) Aug. 23, 1940 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. Route # 2
(e) If foreign born, how long in U. S. A. 9 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August, day 23
year 1940 hour 3 minute a. M.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw her alive on Aug 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Aspiration of milk

Due to Pneumonia
Due to

Other conditions 154
(Include pregnancy within 8 months of death)

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 8/23/40

(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Aspirated milk
(Specify type of place) (c) Means of injury from nursing

23. Signature W. E. Handley (M. D. or other) 50
Address Business Greene County Date signed 8/20/40

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

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.