

NOV 20 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

35445  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Victoria 20 Registration District No. 362  
 (b) Township Greene Primary Registration District No. 5507 Registered No. 7  
 (c) City Victoria (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Florence A Norman  
 (a) Residence, No. Rt. 1 Urbana, Hickory Co. Mo. (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Albert Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-11-1869

7. AGE YEARS 70 MONTHS 11 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Benton (STATE OR COUNTRY) Indiana

FATHER  
 13. NAME John J. Prosser  
 14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY) \_\_\_\_\_

MOTHER  
 15. MAIDEN NAME Emeline Norman  
 16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Albert Thomas (ADDRESS) Urbana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bowers Chapel DATE Oct-8-1940

19. FUNERAL DIRECTOR (NAME) L. A. Prosser (ADDRESS) Urbana Mo

20. FILED 10-9- 1940 John P. Dennis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-7-1940

22. I HEREBY CERTIFY, That, I attended deceased from Oct 1 1940 to Oct 7 1940  
 I last saw her alive on Oct 6 1940 Death is said to have occurred on the date stated above, at 39 m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Valvular Heart Disease  
Hydropericardium  
Coronary Artery Disease  
 Other contributory causes of importance: \_\_\_\_\_  
Senescent Lung  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) L. A. Prosser M. D.  
 (Address) Urbana Mo

Date of onset 1939

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1080

Date Filed 11-12-40

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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.**