

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36533

State File No. \_\_\_\_\_

Registration District No. 824

Primary Registration District No. 5076

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County SHANNON

(b) City or town EMINENCE - INDV. CO.  
(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 30  
(Specify whether)

In this community MOST of HIS LIFE  
years, months or days)

8. (a) PRINT FULL NAME CHARLES SLEET NORTON

8. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. \_\_\_\_\_

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 September 19, 1904  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>36</u>	<u>1</u>	<u>14</u>	hr. min.

9. Birthplace Eminence, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerical work

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

MOTHER FATHER

12. Name Chas. S. Norton

13. Birthplace Shannon County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Patricia Chilton

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

16. (a) Informant Chas. S. Norton, Sr.

(b) Address Eminence, Mo.

17. (a) Burial (b) Date thereof Nov. 6, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chilton Cemetery - Eminence Mo.

18. (a) Signature of funeral director JCB [Signature]

(b) Address Hilltop Spring, Mo.

19. (a) 11-6-40 (b) Frank Hyde  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon

(c) City or town Eminence  
(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 Nov day 3  
year 1940 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Accidentally run over by truck. Crumpled head.

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy None

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) accident

(b) Date of occurrence Nov 3 - 1940

(c) Where did injury occur? Eminence Shannon Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Main Street, Eminence Mo

While at work? No (e) Means of injury Crumpled head

23. Signature Frank Hyde (M. D. or other) 1

Address Eminence Mo Date signed 11-8-40

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

RECEIVED

District Health Officer No. 5,

District File Number. 11001198

Date Filed \_\_\_\_\_

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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 J. C. Burns

Licensed Embalmer No. 3379

P. O. Address Hillow Springs, La.

**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.**