No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

39487

State File No. 12

LED DEC 12 1940

Registration District No. 686 Primary Registration District No. 4410 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Curryville
(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 (Specify whether
In this community years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town Curryville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME PAUL LEE NORRIS

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Norris
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Apr (Month) 24 (Day) 1895 (Year)

8. AGE: Years 45 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Curryville (City, town, or county) Mo (State or foreign country)
10. Usual occupation Invalid 0
11. Industry or business
FATHER
12. Name Richard Norris 1
13. Birthplace (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Virginia Lou
15. Birthplace Curryville (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Mrs Henry Dixon
(b) Address Curryville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 20 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Curryville Mo
18. (a) Signature of funeral director W Swaters
(b) Address Vandalia Mo
19. (a) Nov 20 1940 (Date received local registrar) (b) Gene E Hendrix (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18th year 1940 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Nov 18, 1940, to Nov 18th, 1940, that I last saw him alive on Nov 18th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of the heart

Due to Chronic myocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 J B Biggs (M. D. or other) MD
Address Bowling Green, Mo Date signed 11/20/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-40-2263
Date Filed DEC 11 1940

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 Wm B Walker

Licensed Embalmer No. 332

P. O. Address Vandalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.