DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44072

Registration District No. 838 Primary Registration District No. 4509 Registrar's No.

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Dexter
(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
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Dexter
(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.? 0 years.

3. (a) PRINT FULL NAME Maud Norman

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Calvin Norman
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased August (Month) 6th (Day) 1876 (Year)

8. AGE: Years 64 Months 3 Days 24 If less than one day hr. min.

9. Birthplace Augusta (City, town, or county) Wisconsin (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. Name James Roderick Perkins
13. Birthplace Cornwall (City, town, or county) Ontario (State or foreign country)
14. Maiden name Mary Hall
15. Birthplace Ellington (City, town, or county) New York (State or foreign country)
16. (a) Informant Calvin Norman
(b) Address Dexter, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/40 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter Cem.
18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo. 755
19. (a) 12/10 1940 (Date received local registrar) (b) Jennie Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day -1- year 1940 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 12-1-, 1940, to 12-1-, 1940 that I last saw her alive on 12-1-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Poisoning - (Swallowed 4 oz. of Lysol) — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) Suicide
(b) Date of occurrence 12-1-1940
(c) Where did injury occur? In her own home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Kitchen of her own home. (Specify type of place)
While at work? (e) Means of injury Drank Lysol.

23. Signature Frank LaRue (M. D. or other) M.D.
Address Dexter Mo. Date signed 12/10/40

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
... of Health Officer No.
... Number 141-4
Date Filed 4/9/41

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. E. Stuchtard

Licensed Embalmer No. 3479

P. O. Address Dexter, Mo.

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

If this body is not embalmed, above space should be left blank.