RECEIVED FEB 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4572

Registration District No. 837 Primary Registration District No. 4508 Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Stoddard
(b) City or town: Bloomfield, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Stoddard 103
(c) City or town: Bloomfield, Mo. 2. (If outside city or town limits, write "RURAL")
(d) Street No.: 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: DORA NORRIS
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: Frank Norris
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: April (Month) 19 (Day) 1897 (Year)

8. AGE: Years 43 Months 9 Days 3 If less than one day hr. min.

9. Birthplace: Stoddard co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Henry Gill
13. Birthplace: -- (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Nancy E. Cantrell
15. Birthplace: --- (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant: Mr. Frank Norris
(b) Address: Bloomfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 23, 41 (Month) (Day) (Year)
(c) Place: burial or cremation: Bloomfield, Mo.
18. (a) Signature of funeral director: Chiles Und. Co.
(b) Address: Bloomfield, Mo.
19. (a) Feb-8-41 (Date received local registrar) (b) Boonie Tunch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22nd year 1941 hour 12:30 minute P. M.
21. I hereby certify that I attended the deceased from JAN. 6, 1941, to JAN. 22, 1941 that I last saw her alive on JAN. 22, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: LOBAR PNEUMONIA	5 days
Due to: Influenza	10 days
Due to:	
Other conditions: Uremia (Include pregnancy within 3 months of death)	12 days

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):
(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: R. L. Davis (M. D. or other) MD
Address: Bloomfield Date signed 1-24-41

(Licensed Embalmer's Statement on Reverse Side)

108

RECEIVED
District Health Officer No. 2
District File Number 241-254
Date Filed 2/12/41

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 Deceased was not Embalmed

Licensed Embalmer No.....

P. O. Address.....

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

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