No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7269

MAR 17 1941

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

49
2
5

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 318 N. Oak St. (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution (Specify whether

In this community 12 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper 2

(c) City or town Joplin (If outside city or town limits, write "RURAL") 5

(d) Street No. 318 N. Oak St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Thomas Murphy Norman

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 1

6. (b) Name of husband or wife Maude 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Mar. 16, 1876 (Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Buffalo, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Lead Smelter

MOTHER FATHER
12. Name No Record
13. Birthplace No Record (City, town, or county) 9 (State or foreign country)

MOTHER FATHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Maude Norman

(b) Address Joplin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-41 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Missouri

19. (a) 2-7-41 (Date received local registrar) (b) Ed D. James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5th year 1941 hour 5:45 minute PM M.

21. I hereby certify that I attended the deceased from Jan 20, 1941 to Feb 5, 1941 that I last saw him alive on Feb 5, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Flu.

Due to 22

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

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? 372 (Specify type of place)

While at work? (e) Means of injury

23. Signature W. H. Brookshire (M. D. or other)

Address Joplin Mo Date signed 2/7/41

(Licensed Embalmer's Statement on Reverse Side)

41-3-247

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 ~~Don Petrick~~, Registered Apprentice No. working under my personal supervision.

Signed Don Petrick

Licensed Embalmer No. 4008

P. O. Address Joplin, Mo

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, fact should be so stated above.