S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8474

Registration District No. 875 — Primary Registration District No. 6162 — Registrar's No. 52

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

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Washington L.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp # 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 yr 9 mo 28 days (Specify whether years, months or days)
In this community: same

2. USUAL RESIDENCE OF DEACESED:
(a) State: Mo (b) County: Barry 108
(c) City or town: Rural (Purdy) 0
(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.? ____ years.

3. (a) PRINT FULL NAME: John D Norris
3. (b) If veteran, name war: —
3. (c) Social Security No.: Unknown
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Feb (Month) 25 (Day) 1905 (Year)
8. AGE: Years 35 | Months " | Days " | If less than one day ____ hr. ____ min.
9. Birthplace: Purdy Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Student
11. Industry or business: —
FATHER
12. Name: Wm Norris
13. Birthplace: — Pa (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Bertha Blatchley
15. Birthplace: — Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Hosp Records
(b) Address: St Hosp # 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/8/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount, Mo
18. (a) Signature of funeral director: Gray Funeral Home
(b) Address: Nevada Mo
19. (a) 2-7-41 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5th year 1941 hour 5 minute a m M.
21. I hereby certify that I attended the deceased from Feb 1st 1941, to Feb 5 1941; that I last saw h alive on ____ 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pan Sinusitis & Thrombosis	4½ days
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):
(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 A Hopkins (M. D. ~~or other~~) 0
Address: Nevada Mo Date signed 2/5/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-41-452
Date Filed 3-7-41

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 Lloyd R. Winscott
Licensed Embalmer No. 3857
P. O. Address Nevada, 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, above space should be left blank.