

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

DECEASED JUN 3 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19470 ~~1788~~
State File No.

Registration District No. 366 Primary Registration District No. 5091 Registrar's No. 9

1. PLACE OF DEATH: Bates
(a) County REB Butler Missouri Spruce
(b) City or town near Spruce Mo
(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 45 years
In this community 45 years
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Carrie K. Norton
3. (b) If veteran, name war X 3. (c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 16th
year 1941 hour 12:20 minute P M.

4. Sex Female 5. Color or race W 6. (a) Single (b) Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from 5-9
1941 to 5-16-1941
that I last saw her alive on 5-16-
and that death occurred on the date and hour stated above.

7. Birth date of deceased Feb. 14th 1876
(Month) (Day) (Year)

Immediate cause of death
Chronic Myocarditis

8. AGE: Years 65 Months 3 Days 2
If less than one day hr. min.

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

9. Birthplace Beardstown Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation housekeeper

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name Chas. F Norton
13. Birthplace West Va.
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Webb
15. Birthplace Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Norton, Butler Mo.
(b) Address RFD Butler Missouri
17. (a) Burial (b) Date thereof May 18/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White emetery
18. (a) Signature of funeral director Booth Funeral Home
(b) Address Butler Missouri
19. (a) May 20 1941 (b) Laura G Odneal
(Date received local registrar) (Registrar's signature)

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature Booth (M. D. or other)
Address Butler Mo Date signed 5-12-41

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

700

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.....

self

....., Registered Apprentice No.....

working under my personal supervision.

Signed

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Missouri

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.