No. 2
-1-4-41
-17-39-
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22877

State File No.

Registration District No. 821 Primary Registration District No. 6070 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Scott

(b) ~~City or town~~ Rural Richland Tr

(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 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Rural 0

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dale Ray Norman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 17 (Day) 1939 (Year)

8. AGE: Years 2 Months 3 Days 28 If less than one day hr. min.

9. Birthplace Tennessee / (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Lee Norman
13. Birthplace Tennessee / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Livinny
15. Birthplace Tennessee / (City, town, or county) (State or foreign country)

16. (a) Informant Lee Norman

(b) Address Sikeston, Mo. Rural

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-41 (Month) (Day) (Year)

(c) Place: burial or cremation McMullin, Mo.

18. (a) Signature of funeral director H. Welsh

(b) Address Sikeston, Mo.

19. (a) 7-3-41 (Date received local registrar) (b) G. W. H. Presnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1941 hour 9 minute A.M.

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

Immediate cause of death Illes. Collitis Dehydration — Duration 1 week

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 12 DW

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? 742 (Specify type of place)

While at work? (e) Means of injury

23. Signature H. B. Throgmorton (M. D. or other)

Address Sikeston, Mo Date signed June 17 41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 741-93
Date Filed 7-17-41

Body Not Embalmed

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 H J Welsh

Licensed Embalmer No. 7714

P. O. Address Sikeston, Mo

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.