

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **25892**

REC'D AUG 16 1941

Primary Registration District No. **5932**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Polk & Johnson Twp  
(b) City or town Humansville (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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)

3. (a) PRINT FULL NAME Norma Jean Metzger

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female / race Wh. 5. Color or Wh. 6. (a) Single, widowed, married, Divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 27 1930  
(Month) (Day) (Year)

8. AGE: Years 10 Months 8 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Kansas City Kans.  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

12. Name Otto Metzger

13. Birthplace Kansas City Kans.  
(City, town, or county) (State or foreign country)

14. Maiden name Hazel Chitwood

15. Birthplace Adrain Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant E.E. Chitwood

(b) Address Humansville, Mo.

17. (a) Burial (b) Date thereof June 11 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Humansville

18. (a) Signature of funeral director Joseph & Firestone

(b) Address Humansville Mo.

19. (a) July 10 (b) Oran M. Rich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk  
(c) City or town Humansville, (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9  
year 1941 hour 5 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 9, 1941, to June 9, 1941,  
that I last saw her alive on June 7, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death congestive heart failure  
Due to \_\_\_\_\_

Due to she has had asthma practically all her life

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Oran M. Rich (M.D. or other) \_\_\_\_\_

Address Humansville Date signed \_\_\_\_\_

Duration

2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1315

Date Filed 8-13-41

**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.....

E. G. Hathaway

Registered Apprentice No. 269

working under my personal supervision.

Signed Paul Tevstone

Licensed Embalmer No. 3990

P. O. Address Walling, Md.

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

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