

No. 2  
4-13-40  
-17-39  
X23150

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37311

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 10-2

Registrar's No. 4105

1. PLACE OF DEATH: Jackson  
 (a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2720 Perry  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Years  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2720 Perry  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Nellie Norling  
 (b) If veteran, name war No  
 (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month November day 4th  
 year 1941 hour 7 minute 24 A.M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Charles Oscar Norling  
 (c) Age of husband or wife if alive 73 years  
 7. Birth date of deceased Aug 7, 1866  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 15, 1941, to Nov. 4, 1941;  
 that I last saw h. or alive on Nov. 3, 1941;  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>2</u>	<u>28</u>	hr. _____ min.

Immediate cause of death  
Apoplexy  
 Due to Senility  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Sweeden A  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation House Wife  
 11. Industry or business At Home  
 12. Name No Record  
 13. Birthplace No Record  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mrs. Marion Stephens  
 (City, town, or county) (State or foreign country)  
 15. Birthplace 2718 Perry Sweeden A  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant Mrs. Mary M. Stephens  
 (b) Address 2718 Perry  
 17. (a) Burial (b) Date thereof 11/5/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Randolph, Kansas  
 18. (a) Signature of funeral director Mrs. C. L. Forster  
 (b) Address 918 Brooklyn  
 19. (a) 11-4-41 (b) M. M. Crow  
 (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)  
 23. Signature Harry D. Cohen (M. D. or other) C.M.D.  
 Address 318 Argyle Bldg Date signed 11-4-41

(Licensed Embalmer's Statement on Reverse Side)

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

3/8

048  
3  
8

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

removed

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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

J. Clair Shipp

Licensed Embalmer No. 4179

P. O. Address K. O. - 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.