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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4393

1. PLACE OF DEATH:
 (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: 3200 Penn
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 57 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Daniel B. Norton
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Amelia Kiefner Norton 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased Aug 18, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>3</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Amboy, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Grading Contractor

11. Industry or business Norton Bros. Co.

MOTHER FATHER
 12. Name John Norton
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret O'Holoron
 15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant John Norton
 (b) Address 2219 Swode Pkwy.

17. (a) Burial (b) Date thereof 11-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
Thos. E. Quirk

18. (a) Signature of funeral director _____
 (b) Address 4316 Troost Ave.

19. (a) 11-27-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3200 Penn
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
 year 41 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from July 15-40
 _____, 19____, to _____, 19____
 that I last saw him alive on Nov 26 - 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Spontaneous of
myocardial infarction
arteriosclerosis
hypertension
diabetes
 Due to _____

Due to 47a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration

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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Charles F. Kehler (M. D. or other) _____
 Address 541 WIRTHMAN BLVD Date signed Nov 27 1941

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

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 *Thomas E. Quirk*

Licensed Embalmer No. *31775*

P. O. Address.....

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.