

FILED FEB 11 1942

Registration District No. 397

Primary Registration District No. 1002

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: St. Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Hours
(Specify whether
In this community Life
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. 517 Norton Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Barbara Ann Norman

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Child

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

7. Birth date of deceased November 19 1940
(Month) (Day) (Year)

8. AGE: Years 1 Months 13 Days 22
If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

12. Name Howard Norman

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

14. Maiden name Bertha Handy

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

16. (a) Informant Howard Norman

(b) Address 517 Norton Ave

17. (a) Burial (b) Date thereof 1/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Rose & Henderson

(b) Address 15th & Jackson St

19. (a) 1/13/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11
year 1942 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from Dr. Crooner
1942, to 1942
that I last saw him alive on 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Child kept Meningitis
Contract Bacterial Pneumonia
due to influenza
status not determined
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 330
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?
While at home (Specify type of place) (e) Means of injury 3
23. Signature Rose & Henderson (M. D. or other)
Address 15th & Jackson Date signed

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

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.