

Registration District No. 194299

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: General Hospital No. 2
(If not in hospital or institution, write street number or location) 25 min
(d) Length of stay: In hospital or institution 2-18-42 2 hrs.
(Specify whether
In this community 33 years
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. 1022 Lydia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LEONA NORFLEET

3. (b) If veteran, name war 3. (c) Social Security No. 499-07-1734

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dudley Norfleet 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased July 1 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Robert Meade
13. Birthplace Marshall Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lendora Alexander
15. Birthplace Marshall Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 2/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marshall Mo.

18. (a) Signature of funeral director E. Stepha Buller
(b) Address 1212 Vine St. R. 1 Mo.

19. (a) 2/20/42 (b) H. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
year 1942 hour 3 minute 15 a.m. / p.m.

21. I hereby certify that I attended the deceased from 2-18-42
12:50 a.m. xx to 3:15 a.m. xx
that I last saw her alive on February 18, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Sarcoma of Stump of Uterus

Duration

Due to Previous operation of fibroid of uterus - Oct. 1941

Due to 48 B

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Same as above

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) Means of injury

23. Signature J. C. ... (Physician)
Address Chas. ... #2-6006-22 Date signed 2-19-42

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

me

1070

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 E. Sterling Bills
Licensed Embalmer No. 3178
P. O. Address 1811 E. 12th St. H.C.N.

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.