S. No. 2
1—1-4-41
. 5-17-39
1 X26390

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

48
3
8

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9795

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1209

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: K.C. General Hospital No 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hr. (Specify whether years, months or days)
In this community 29 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1809 Holly
(If rural, give location)
(e) Citizen of foreign country? NONE. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Alice Norman
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JAMES R. NORMAN
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased OCTOBER (Month) 2 (Day) 1876 (Year)
8. AGE: Years 65 Months 5 Days 22 If less than one day hr. min.
9. Birthplace GRAND ISLAND (City, town, or county) NEBRASKA (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business
FATHER 12. Name PATRICK DUNPHY
13. Birthplace IRELAND (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name MARY GRAY
15. Birthplace IRELAND (City, town, or county) (State or foreign country)
16. (a) Informant MR. EARL STEVENS
(b) Address 1615 CENTRAL
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation GREENLAWN.
18. (a) Signature of funeral director MELLODY-McGILLEY
(b) Address K.C. Mo.
19. (a) 3-26-42 (Date received local registrar) (b) M. R. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th year 1942 hour 9 minute 45 P. M.
21. I hereby certify that I attended the deceased from 3-24-42 19 to 3-24-42 19; that I last saw her alive on 3-24-42 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial insufficiency	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 939	
Major findings: Of operations	
Of autopsy None	

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

23. Signature Denny R. Thorn (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed 3-25-42

361 (Licensed Embalmer's Statement on Reverse Side)

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.