No. 2
1-4-41
1-17-39
X26330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10558

FILED APR 13 1942

Registration District No. 261

Primary Registration District No. 3012

Registrar's No. 29

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 520 South Missouri Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 520 South Mo. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Norman Follett

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie May Follett

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Nov. 18 1882
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	3	13	hr. min.

9. Birthplace Cameron (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Engineer City Water Station

11. Industry or business Water Dept.

FATHER
12. Name Martin Dewey Follett
13. Birthplace Cameron (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Nancy L. Clevenger
15. Birthplace Troy (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Nellie May Follett
(b) Address 520 South Missouri Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty, Mo.

18. (a) Signature of funeral director O. L. Carden Jr.
(b) Address Liberty Mo

19. (a) April 2-42 (Date received local registrar) (b) Aileen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 31 year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 29 1941 to Mar. 31 1942 that I last saw him alive on Mar. 31 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia — Duration 10 yrs.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No

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

23. Signature Burlow Mabry (M. D. or other) M.D.
Address Liberty Mo Date signed Apr. 2, 1942

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 4-10-47

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. O. J. Carder Jr

Licensed Embalmer No. 3934

P. O. Address Liberty Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.