

S. No. 2
M-1-4-41
v. 5-17-39
P-I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10580

FILED APR 15 1942

Registration District No. 184

Primary Registration District No. 5276A

Registrar's No. 22

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town no R.C.Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 21 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME ANNA 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 married
(b) Name of husband or wife John Norman 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Nov 29 - 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 3 If less than one day, hr. min.

9. Birthplace Varnland Sweden
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Johnson

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

14. Maiden name Mary Elizabeth

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

16. (a) Informant Puck N. Henry

(b) Address 2114 Fayette St

17. (a) Cremation (b) Date thereof Mar 14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood W.C.Mo

18. (a) Signature of funeral director Morton F. ... While at work (Specify type of place)
(b) Address no R.C.Mo (b) Means of injury

19. (a) Mar 12-42 (b) Puck N. Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town North R.C.Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2023 Fayette
(If rural, give location)
(e) Citizen of foreign country? Naturalized (Yes or No)
If yes, name country Sweden

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 12
year 1942 hour 9 minute 45 A.M.
21. I hereby certify that I attended the deceased from Jan 3
1942 to Apr 12 1942
that I last saw her alive on Apr 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Renal insufficiency
Due to Alum. salt last seen with some desquamation
Due to toxicity
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 101
Of autopsy _____

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? _____
23. Signature [Signature] (M. D. or other) D
Address no R.C.Mo Date signed 3-12-42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-14-42

Arthur Norman
Cedar Rapids, Ia.
Ruth N. Henry
No. K. G. No
Roy Norman
No. K. C. No
Florence N. Bastian
Dixon, Ills.

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.....

working under my personal supervision.

John S. Morton

Registered Apprentice No. _____

Signed

John S. Morton

Licensed Embalmer No. 3197

P. O. Address No. K. C. No

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.