DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1942

Registration District No. 229

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5195

State File No. 10864

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Laredo Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2 Blocks S. Main St. Laredo, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life Time 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 040

(c) City or town Laredo 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Blocks S. Main St.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Riley Norman

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Henrietta

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

7. Birth date of deceased August (Month) 22 (Day) 1865 (Year)

8. AGE: Years 76 Months 7 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation Railroad - Engineer

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Henrietta Norman
(b) Address Laredo, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 30 (Day) '42 (Year)
(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Missouri

19. (a) 3-30-42 (Date received local registrar) (b) Nada W Hoffman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th year 1942 hour 9 minute 50 M.

21. I hereby certify that I attended the deceased from 3-16-42, 1942, to 3-27, 1942, that I last saw him alive on 3-27-42, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Pneumonia with Cardiac Asthma

Due to .....

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

Major findings:
Of operations none
Of autopsy none

Duration

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) none
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? none (e) Means of injury none

23. Signature [signature] (M. D. or other) M D
Address Laredo Mo. Date signed 3-28-42

1 [illegible] (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

E. R. Norman, Registered Apprentice No. 2374

working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, Mo.

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

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

2B
21-41
29288

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STANDARD CERTIFICATE OF DEATH

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Registration District No. 229 Primary Registration District No. 5195 Registrar's No.

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

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

3. (a) PRINT FULL NAME John R. Norman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 22 (Day) 186 (Year)

8. AGE: Years 76 Months 7 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar Day 1 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Pneumonia (Lobar)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

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