S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14860

Registration District No. 1076 Primary Registration District No. 5641 Registrar's No.

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Avalon Rural Grand River Tp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 40 yrs years, months or days)

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County Livingstone

(c) City or town Bedford Avalon RR #1
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Syrldia Vanderpool Norris

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 widow

6. (b) Name of husband or wife Oscar Norris

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

7. Birth date of deceased Dec (Month) 26 (Day) 1870 (Year)

8. AGE: Years 71 Months 4 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Vanderpool
13. Birthplace (City, town, or county) Don't Know (State or foreign country)

MOTHER
14. Maiden name Milla Jane Smith
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs Dott Arrasmith
(b) Address Avalon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 42 (Month) (Day) (Year)

(c) Place: burial or cremation Avalon cemetery

18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Mo

19. (a) 4-30-42 (Date received local registrar) (b) Mrs Nan Fullerton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1942 hour 11 minute 11:15 AM.

21. I hereby certify that I attended the deceased from Oct 41 to 4-29 42 that I last saw him alive on 4-12- 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertension	
Due to Vascular	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 Herbert Berney (M. D. or other) 19
Address Chillicothe Mo Date signed 4-29-42

1007

(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 F. L. Smiley, Registered Apprentice No. ....., working under my personal supervision.

Signed F. L. Smiley

Licensed Embalmer No. 470

P. O. Address Wheeling W

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.