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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Dr L. Cooper

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27872

State File No.

FILED SEP 10 1942

Registration District No. 5-907 269 Primary Registration District No. 2-69 5907 Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Cooter, Mo Rural
(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 One Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Cooter (Rural)
(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 0

3. (a) PRINT FULL NAME James Chamberland Norvell

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased August (Month) 19 (Day) 1942 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 17 hr. min.

9. Birthplace Pemiscot County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name James C Norvell
13. Birthplace Earl (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Jewell Martin
15. Birthplace Parkin (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Lee Clifton
(b) Address Steele, Mo Route #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Number 8 Cemetery

18. (a) Signature of funeral director German Undt Co.
(b) Address Steele, Missouri Box 71

19. (a) 9-1-42 (Date received local registrar) (b) C C Limbaugh (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 19 year 1942 hour 5:00 minute P M.

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

	Duration
Immediate cause of death Birth Injuries	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 160C	

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 L. E. Cooper (M. D. or other)
Address Cooter Mo Date signed 8-20-42

1207 (Licensed Embalmer's Statement on Reverse Side)

9-42-13

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.