. No. 2
—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 5 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29471

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 3558

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1663 Tarboe 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 62 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1663 Tarboe
(If rural, give location)

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

3. (a) PRINT FULL NAME James R. Norman

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Wid 2

6. (b) Name of husband or wife Alice Norman

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

7. Birth date of deceased Jan 25 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	7	26	..... hr. ..... min.

9. Birthplace Cole County Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired - Horse +

11. Industry or business Mul Buyer

FATHER
12. Name Norman 0
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary —
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Bingley
(b) Address 925 Forest

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs C L Forster
(b) Address 918 Brooklyn

19. (a) 9-28-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1942 hour 12:10 min. P M.

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

Immediate cause of death Arteriosclerotic heart disease

Due to 93D

Due to —

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Inspection & history

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)

(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 C Hatt 9/27 (M. D. or other)
Address Jew 3 Date signed 9/42

361

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address K.C. Mo

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.