

S. No. 2
M-9-4-41
v. 5-17-39
WI X29484

30446

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 9 1942

Registration District No. 139

Primary Registration District No. 4771

Registrar's No. 60

44
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Mound City.
(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.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Holt. 44
(c) City or town Mound City
(d) Street No.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME James Otis Norris.
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 4th. year 1942. hour 10 minute A.M.

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced, or married
6. (b) Name of husband or wife Mary May Norris. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 7th, 1869.

21. I hereby certify that I attended the deceased from August 29, 1942 to September 4, 1942 that I last saw him alive on Sept 3, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 4 Days 27 If less than one day hr. min.

Immediate cause of death Cerebral hemorrhage 4 days

9. Birthplace Garnett Kansas.

Duration days

10. Usual occupation Farmer.

Due to 83a

11. Industry or business

Due to

12. Name Chas. Norris.

Other conditions (Include pregnancy within 3 months of death)

13. Birthplace Tuscarawas Co. Ohio.

Major findings: Of operations

14. Maiden name Mary Slader

Of autopsy

15. Birthplace Ohio.

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

16. (a) Informant Mary May Norris (b) Address Mound City, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof Sept. 6th, 1942 Benton Cemetery.

(a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director H. Crawford Mound City, Mo.

(Specify type of place) While at work? (c) Means of injury

19. (a) 9-5-42 (b) Pauline Crawford (Registrar's signature)

23. Signature D. Perry (M. D. or other) M.D. Address Mound City, Missouri Date signed 9/5/42

1185

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.....

M. Crawford

Licensed Embalmer No. *1824*

P. O. Address.....

Mound City 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.