. S. No. 2
OM—5-42
ev. 5-17-39
I 32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 32891

FILED NOV. 9 1942

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 3839

**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: 2709 E. 12th St.
(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: 17 years

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 2718 E 12th St.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Andrew Francis Norman
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: Wht
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: none
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March 16, 1864 (Month) (Day) (Year)

8. AGE: Years 78 | Months 7 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace: Stockton (City, town, or county) Sweden (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Laborer
MOTHER FATHER
12. Name: Peter Norman
13. Birthplace: Sweden (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Sweden (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Ethel Wyatt
(b) Address: 2217 Drury K.C. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/19/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mound Grove
18. (a) Signature of funeral director: Cato & Spenke
(b) Address: Independence Mo
19. (a) 10-18-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 10 day 16 year 42 hour 12:15 P.M. minute ..... M.
21. I hereby certify that I attended the deceased from ..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Crushing injury of the chest
Due to: Fractures of the ribs
Due to: Automobile truck accident
Other conditions (Include pregnancy within 3 months of death): 6
Major findings:
Of operations: 170 c 21
Of autopsy: See above

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): Accident 193
(b) Date of occurrence: 10/16/42
(c) Where did injury occur? 2709 E 12th Kcmo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Street (Specify type of place)
While at work? No (e) Means of injury: Struck by
23. Signature: C. J. Patch (M.D. or other) 2 Norton Ave
Address: Kcmo Date signed: 10/16/42

(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 Me, ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Roland J. Geaks

Licensed Embalmer No. 3604

P. O. Address Independence 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.**