

Registration District No. 245

Primary Registration District No. 5836

Registrar's No. 111

1. PLACE OF DEATH:

(a) County NEWTON

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

(c) Name of hospital or institution:
NEOSHO Twp. 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton ⁷³

(c) City or town Rural ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. NEOSHO Twp. 1 ⁰
(If rural, give location)

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

3. (a) PRINT FULL NAME DOROTHY JEAN NORRIS

3. (b) If veteran, name war INFANT

3. (c) Social Security No. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1942 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from Sept 4 1942 to Sept 5 1942
that I last saw her alive on Sept 5 1942
and that death occurred on the date and hour stated above.

4. Sex FEM

5. Color or race WHITE

6. (a) Single, wid, INFANT, married, divorced

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 4, 1942
(Month) (Day) (Year)

Immediate cause of death PREMATURE

Due to Separation of placenta

Due to _____

Other conditions 159
(Include pregnancy within 3 months of death)

8. AGE: Years _____ Months 1 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Neosho Mo.
(City, town or county) (State or foreign country)

10. Usual occupation INFANT

Major findings: None

Of operations _____

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Joe Everett Norris

13. Birthplace Parsons, Arkansas
(City, town or county) (State or foreign country)

14. Maiden name Wendy Alice Jackles

15. Birthplace No Data Colorado
(City, town or county) (State or foreign country)

16. (a) Informant Jean Norris

(b) Address Neosho, Mo Rural

17. (a) Burial
(Burial, cremation, or removal)

(b) Date there Sept 6, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director Wesley Thompson

(b) Address Neosho Mo

19. (a) 9-2-1942
(Date received local registrar)

(b) Wesley Thompson
(Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

Means of injury 2

23. Signature Melinda Willoughby (M. D. or other) D.O.

Address Sauk Bldg. Neosho Mo Date signed 9/8/42

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

73
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RECEIVED

District Health Officer No. 6,

District File Number 1042-1495

Date Filed OCT 14 1942

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.....

Carey Thompson

Licensed Embalmer No. 3259

P. O. Address.....

Necks 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.