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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 341 Primary Registration District No. 6152 a Registrar's No. 4

103 0 0

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Rural Liberty Twp.
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Dexter R3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Calvin Norman

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Ellen C. Norman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 4, 1853 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
89	1	21	hr. min.

9. Birthplace Stoddard Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Elijah C. Norman
13. Birthplace No Record 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizaberth Riddle
15. Birthplace N. Carolina (City, town, or county) (State or foreign country)
16. (a) Informant Miss Roxie Norman
(b) Address Dexter, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Caroline Dowdy Cem
18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.
19. (a) 1-27-43 (Date received local registrar) (b) Nora Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25
year 1943 hour 8 minute 45 A. M.
21. I hereby certify that I attended the deceased from 6-1-1942 to 1-25-1943
that I last saw him alive on 1-21-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to 93d

Due to

Other conditions Senility and arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 Frank LaRue (M. D. or other) MD
Address Dexter Mo Date signed 1/26/43

1134

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 243-18
Date Filed 2-5-43

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 J. E. Stratton

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.