

U. S. No. 2
FORM-542
Rev. 5-17-39
I X32875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18272

State File No. _____
Registrar's No. 53

FILED MAY 27 1943
Registration District No. 175

Primary Registration District No. 4275

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Marionville
(c) Name of hospital or institution:
Methodist Home for Aged
(d) Length of stay: In hospital or institution 2 months
In this community _____
years, months or days

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

3. (a) PRINT FULL NAME Mary Rachel Norfleet

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2 divorced, widowed
6. (b) Name of husband or wife L. R. Norfleet 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 11 1855
(Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Kelly
13. Birthplace Louisberg, W. Va.
(City, town, or county) (State or foreign country)
14. Maiden name Polly Ann Davis
15. Birthplace Logan Co. Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. W. Coontz
(b) Address Eureka Springs, Ark.

17. (a) Removal (b) Date thereof April 9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo

18. (a) Signature of funeral director J. B. Bradford
(b) Address Marionville, Mo

19. (a) April 9, 1943 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 9
year 1943 hour 1:20 minute _____ A. M. P. M.

21. I hereby certify that I attended the deceased from March 1
1943 to April 8 1943
that I last saw her alive on April 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis?
Senility
Due to _____

Due to _____
Other conditions _____
(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?

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

23. Signature Dr. Wayne McClear (M. D. or other) _____
Address Marionville, Mo. Date signed 4/9/43

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

RECEIVED

District Health Officer No. 6;

District File Number 543-682

Date Filed MAY 26 1943

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. P. Blinphoeft*.....

Licensed Embalmer No..... 2806.....

P. O. Address Marionville, 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.