

S. No. 2
M-2-43
5-17-39
1 X356

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30876

State File No.

FILED SEP 21 1943

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3825

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:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME Henry C. Norberg

3. (b) If veteran, name war no.
3. (c) Social Security No. 491-20-1503

4. Sex Male
5. Color or Race White
6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Mrs. Ida Norberg
6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 30 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 0 1 hr. min.

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

10. Usual occupation Accountant

11. Industry or business Gustin-Bacon Mfg. Co.

12. Name August N. Norberg,

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

14. Maiden name Unknown,

15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Norberg,

(b) Address 5624 Lydia, Kansas City, Mo.

17. (a) Burial (b) Date thereof 9-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City,

19. (a) 9-4-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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. 5624 Lydia
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1st
year 1943 hour P minute M

21. I hereby certify that I attended the deceased from Pathologist
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death:
1- Posterior Coronary thrombosis 7mo
2- Left posterior, degenerative, degenerative
Due to 2- Coronary thrombosis, Right
anterior 3wks.
Due to 3- Circulatory failure

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None
Of autopsy Yes

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 _____
23. Signature Tom J. Trumble (M. D. or other)
Address Trinity Hospital Date signed Sept 2-7-43

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

MOTHER FATHER

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. Clair Shepard*
Licensed Embalmer No. *4179*
P. O. Address *J. E. Doe*

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.