

S. No. 2
M-2-43
P. 5-17-39
P1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 54

Registration District No. 118 Primary Registration District No. 5439

1. PLACE OF DEATH:

(a) County GASCONADE
 (b) City or town RURAL CANAAN TOWNSHIP
 (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) 1
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 6 MONTHS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
 (c) City or town RURAL 037
 (If outside city or town limits, write "RURAL")
 (d) Street No. Owensville, Mo, Route 0
 (If rural, give location)
 (e) Citizen of foreign country? / (Yes or No)
 If yes, name country / 0

3. (a) PRINT FULL NAME HATTIE MAY NORVELL
 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
 6. (b) Name of husband or wife -
 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased NOVEMBER 11 1875
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>10</u>	<u>17</u>	<u>-</u> hr. <u>-</u> min.

9. Birthplace CENTERVILLE 0 MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER

12. Name JOHN BAILEY
 13. Birthplace NOT KNOWN 9
 (City, town, or county) (State or foreign country)
 14. Maiden name MARGARET LAY
 15. Birthplace NOT KNOWN 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clarence Norvell
 (b) Address Owensville, Mo.

17. (a) REMOVAL & BURIAL (b) Date thereof SEPT 30 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CARTERVILLE CEM. NEAR OWENSVILLE, MO.

18. (a) Signature of funeral director Milford W. N. Winter
 (b) Address Owensville, Mo.

19. (a) 9-28-43 (b) Myrtle M. Wenkel
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER 28
 year 1943 hour 3 minute 40 AM

21. I hereby certify that I attended the deceased from Sept. 25 1943 to Sept. 28 1943
 that I last saw her alive on Sept. 27 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Auricular Fibrillation</u>	<u>24 Hrs.</u>
Due to <u>Right Hemiplegia Due to Cerebral Hemorrhage - Hypertension</u>	<u>3 DYS.</u>
Due to <u>Hypertension</u>	<u>5 Yrs.</u>
Other conditions <u>Hyperthyroid State</u> (Include pregnancy within 3 months of death)	<u>5 Yrs.</u>

Major findings: Of operations None
 Of autopsy None

PHYSICIAN J. J. [Signature]
 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) _____ Means of Injury _____
 23. Signature Paul A. [Signature] (M. D. or other) _____
 Address Owensville, Mo. Date signed 9-27-43

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

3700

1281

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 Milford H. H. Winter
Licensed Embalmer No. 3838

P. O. Address Owensville 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.