DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LEC NOV 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

F 34473

State File No.

Registration District No. 75 Primary Registration District No. 4138 Registrar's No. 66

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Lathrop
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 33 yr.

2. USUAL RESIDENCE OF DEACESED: 35
(a) State Mo (b) County CLINTON
(c) City or town LATHROP. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM UMPHRY NORMAN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race Wh.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FLORENCE NORMAN.
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased APRIL 27. 1874 (Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Clinton Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation BARBER
11. Industry or business BARBER, ING
FATHER
12. Name James Bird NORMAN.
13. Birthplace MERCER Co. (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Sarah BRYAN.
15. Birthplace Ray Co. (City, town or county) Mo. 0 (State or foreign country)
16. (a) Informant Dosha a Norman
(b) Address 701 Woodland Rem
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation LATHROP - MO.
18. (a) Signature of funeral director DeMOSS CRUNK
(b) Address LATHROP, MO
19. (a) 10-13-1943 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11 year 1943 hour 7 minute 30a M.
21. I hereby certify that I attended the deceased from 10-9-43, 19..., to 10-11-, 1943, that I last saw him alive on 10-11-, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Rheumatic fever — Duration 3 days
Due to
Due to
Other conditions: Influenza — 5 days
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 0
23. Signature E. B. Dunkerson (M. D. or other)
Address Lathrop, Mo Date signed 10-12-43

1086

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK. ATTACH 1 CERTIFICATE TO RECORD

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

LeMoss CRUNK, Registered Apprentice No.

working under my personal supervision.

Signed LeMoss Crunk

Licensed Embalmer No. 2533

P. O. Address Lathrop Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.