

NOV 12 1943
Registration District No. 340

Primary Registration District No. 6151

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Parma Rural (Calh.)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Parma Rural (Calh.)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John H Norman

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mittie Norman 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Aug. 16 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 9 9 hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Lee Norman

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

14. Maiden name Williams

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

16. (a) Informant Mittie Norman

(b) Address Parma Mo.

17. (a) Burial (b) Date thereof May 27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stoddard Chapel

18. (a) Signature of funeral director Lander 7/1 Home

(b) Address Complete Mo.

19. (a) 10-10-43 (b) Cordie Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1943 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1942 to May 25, 1943

that I last saw him alive on May 17 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary decomp.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 95c2

Major findings: Of operations _____

Of autopsy _____

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 Geo W. Fusholt (M. D. or other) _____

Address Parma Mo. Date signed 5/31/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1143-14

Date Filed 11-11-43

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 Christina M. Landress

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.