S. No. 2
OM—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1943

Registration District No. 199

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 3743

Registrar's No. 4841

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: 1610 VALENTINE ROAD / 1ST FLOOR
(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 55 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL") 0

(d) Street No. 1610 VALENTINE ROAD 1ST FLOOR
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME MR. ROLLIN AMES NORTON

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband or~~ wife MRS. ANNAH NORTON

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased FEBRUARY 17 1872 (Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 28 If less than one day ___ hr. ___ min.

9. Birthplace FREMONT (City, town, or county) OHIO / (State or foreign country)
RETIRED 5 YRS.

10. Usual occupation PRESIDENT & MANAGER

11. Industry or business NORTON PAPER GOODS COMPANY

FATHER
12. Name CHARLES A. NORTON
13. Birthplace FREMONT (City, town, or county) OHIO / (State or foreign country)

MOTHER
14. Maiden name ALICE AMES
15. Birthplace FREMONT (City, town, or county) OHIO / (State or foreign country)

16. (a) Informant MRS R A NORTON
(b) Address 1610 Valentine Road

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof NOV-17-1943 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation D.N. NEWCOMERS SONS

18. (a) Signature of funeral director D.N. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 11-16-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 15TH year 1943 hour 12 minute NOON M.

21. I hereby certify that I attended the deceased from Deputy to Coroner, 19__;
that I last saw h. alive on 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio sclerotic Heart	
Due to: Disease	
Due to: 930	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Inspection & History	

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

23. Signature N. E. Usher (M. D. or other) M.D.
Address 22 McCoy Date signed 11/15/43

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(Licensed Embalmer's Statement on Reverse Side)

JUL 10 1940

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 H O Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C 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.