

No. 2  
-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43812

State File No. \_\_\_\_\_

FILED JAN 10 1944  
239

Registration District No. \_\_\_\_\_

Primary Registration District No. 5867

Registrar's No. \_\_\_\_\_

75  
0  
0

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

1. PLACE OF DEATH:  
(a) County Oregon  
(b) City or town Thayer <sup>Route 2</sup>  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Lifetime (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Oregon  
(c) City or town Thayer (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Wilson 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 Ida Blain 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 24 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>27</u>	hr. min.

9. Birthplace Oregon County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Thomas Norman  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Lindsey  
15. Birthplace Alabama  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. W. Norman

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 11/22/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem

18. (a) Signature of funeral director Geo Carr

(b) Address Thayer, Mo.

19. (a) 12-12-43 (b) Jac O. Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 21  
year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 1st  
1943 to Nov 21 1943  
that I last saw him alive on Nov 20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Primary Carcinoma of Prostate  
& Metastasis to chest

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations 51 P  
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 W. J. Cooper M.P. (M. D. or other)  
Address Thayer, Mo. Date signed 12-1-43

Duration  
? weeks  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number

14443

Date Filed

11 7 44

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**