

FILED FEB 28 1944  
Registration District No. 149

Primary Registration District No. 1002

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

Registrar's No. 79

1. PLACE OF DEATH: Jackson  
 (a) County: Kansas City  
 (b) City or town: Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Res Hosp O  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 6 days  
 (Specify whether years, months or days) 35 yrs

3. (a) PRINT FULL NAME: Norton Anna E.  
 3. (b) If veteran, name war: No  
 3. (c) Social Security No.: No

4. Sex: Female  
 5. Color or race: White  
 6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: Mrs. Nathan  
 6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: Apr 17 1871  
 (Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 18  
 If less than one day hr. min.

9. Birthplace: Miss O  
 (City, town, or county) (State or foreign country)

10. Usual occupation: at home

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

12. Name: John Teegarden

13. Birthplace: Miss O  
 (City, town, or county) (State or foreign country)

14. Maiden name: Darham

15. Birthplace: Miss O  
 (City, town, or county) (State or foreign country)

16. (a) Informant: J. L. Watkins

(b) Address: Darham 430

17. (a) Burial, cremation, or removal: Burial  
 (b) Date thereof: Jan 7 - 1944  
 (Month) (Day) (Year)

(c) Place: burial or cremation: Calumwood

18. (a) Signature of funeral director: Wm C. Foster

(b) Address: 218 Broadway

19. (a) Jan 7 1944  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Missouri (b) County: Jackson  
 (c) City or town: Kansas City  
 3006 E. 24th St. Terr  
 (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: \_\_\_\_\_

MEDICAL CERTIFICATION  
 Jan 5

20. DATE OF DEATH: Month: \_\_\_\_\_ day: \_\_\_\_\_  
 year: 1944 hour: 12 minute: 50p M.

21. I hereby certify that I attended the deceased from Dec 29 1943 to Jan 5 1944  
 that I last saw her alive on Jan 5 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
 Cerebral arteriosclerosis  
 with occlusion of left  
 Due to: lenticulo striate artery.

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

Major findings:  
 Of operations: \_\_\_\_\_  
 Of autopsy: as above

Duration

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?  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury: \_\_\_\_\_

43. Signature: A. E. [Signature] (M. D. or other) M.D.  
 Address: 23rd & M - Coey Date signed: \_\_\_\_\_

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

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Ralph W. Runnels*

Licensed Embalmer No.....

*3860*

P. O. Address.....

*Kansas City, 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.**