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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3232

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns 0 Joplin, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Day (Specify whether
In this community --
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Granby, Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. -- 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Kenneth Lee Norris

3. (b) If veteran, name war --

3. (c) Social Security No. Infant

4. Sex Male

5. Color or race W. 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ---

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

7. Birth date of deceased Nov. (Month) 21 (Day) 43 (Year)

8. AGE: Years | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Granby (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Jack Norris
13. Birthplace (City, town, or county) Arkansas 1 (State or foreign country)

MOTHER
14. Maiden name Mildred Tanner
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Jack Norris
(b) Address Granby, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. (Month) 4 (Day) 44 (Year)
(c) Place: burial or cremation Granby Cem.

18. (a) Signature of funeral director Wm Morris Pogue
(b) Address Wheaton, Mo.

19. (a) 1-4-44 (Date received local registrar) (b) Gertrude Sudhalter (Registrar's signature)

1207

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1944 hour 2 minute A M.

21. I hereby certify that I attended the deceased from 1-2-44, 19 to 1-3-44, 19
that I last saw him alive on 1-2-44, 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia -	6 days
Due to with severe cyanosis -	
Due to Dehydration -	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy	

107

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 Walter Howard (M.D. or other)
Address Joplin Mo Date signed 1-4-44

(Licensed Embalmer's Statement on Reverse Side)

49-1-17

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 Wm Morris Pogue

Licensed Embalmer No. 3442

P. O. Address Wheatow, 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.