V. S. No. 2
OM—9-4-41
Rev. 5-17-39
Form I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11870

FILED APR 10 1944

Registration District No. 298 Primary Registration District No. 6 OLY Registrar's No. 6

1. PLACE OF DEATH:
(a) County: Ray
(b) City or town: Polk Twp. (If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days) / In this community: 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ray
(c) City or town: Polk. (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: 0

3. (a) PRINT FULL NAME: Harry Norris
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M.
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Dora J. Norris
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: Aug (Month) 30 (Day) 1872 (Year)
8. AGE: Years 71 Months 6 Days 19 If less than one day hr. min.
9. Birthplace: Waterloo (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Farmer.
11. Industry or business: Farming.
12. Name (Father): Norris
13. Birthplace (Father): Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name (Mother): Runyan
15. Birthplace (Mother): Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs Archie Smith
(b) Address:
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 22 Mar. 44 (Month) (Day) (Year)
(c) Place: burial or cremation: Lathrop Mo
18. (a) Signature of funeral director: De Moss Crunk
(b) Address: Lathrop, Mo.
19. (a) 4-22-44 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 19 year 1944 hour 3 minute 20 P.M.
21. I hereby certify that I attended the deceased from March 18, 1944, to March 19, 1944 that I last saw him alive on March 19, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Pyelitis	4 days
Due to: Hypertrophy of Prostate	not known
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: C. H. Wilson M.D. (M.D. or other)
Address: Polk Mo Date signed 3-20-44

1145

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Officer No. 9

4-8-44

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 Lee Moss Crenk

Licensed Embalmer No. 2533

P. O. Address Lathrop, 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.