

FILED MAY 24 1944  
Registration District No. 1056

Primary Registration District No. 4173

Registrar's No. 43

1. PLACE OF DEATH:  
(a) County Douglas  
(b) City or town Ava Benton  
(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 62 yrs years, months or days

3. (a) PRINT FULL NAME Lissie Norman  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Dr. Robert M. Norman (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased December 23, 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>3</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation Housewife

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

12. Name Marion Hartley

13. Birthplace Webster County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Shelton

15. Birthplace Douglas County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ben Callaway

(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 3-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 5-1-1944 (b) Mrs. J. R. Spauldick  
(Date received local registrar) (Registrar's signature)

1056

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED: 34  
(a) State Missouri (b) County Douglas  
(c) City or town Ava  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1944 hour 6 minute 0 A. M.

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

Immediate cause of death: Hypostatic Pneumonia 3 days  
Due to Chronic Myocardial Failure 2 weeks  
Due to \_\_\_\_\_

Other conditions: Gangrene of Right Leg  
(Include pregnancy within 3 months of death)

Major findings: ADDITIONAL  
Of operations SUPPLEMENTARY  
Of autopsy INFORMATION 98:2  
REQUESTED

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 \_\_\_\_\_

23. Signature M. C. Bentley (M. D. or other) U

Address Ava Mo. Date signed 4-6-44

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

MOTHER FATHER

*Dr. M. C. Gentry*

RECEIVED

District Health Officer No. 6;

District File Number *544-586*

Date Filed *MAY 17 1944*

SEP 25 1957

SEP 14 1954

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 *W. B. Hutchinson*

Licensed Embalmer No. *3431*

P. O. Address *Wm. Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.