V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1944

Registration District No. 7-2

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 21134

Registrar's No. 659

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days (Specify whether years, months or days)
In this community: same

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Sullivan
(c) City or town: Newtown
(If outside city or town limits, write "RURAL")
(d) Street No.: 11
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: George Elmer 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: widowed
6. (b) Name of husband or wife: deceased
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct (Month) (Day) 1870 (Year)

8. AGE: Years 73 Months ? Days ? If less than one day: hr. min.

9. Birthplace: Sullivan Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Real estate
11. Industry or business: ✓
FATHER
12. Name: Oliver C. Norman
13. Birthplace: Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Susan Ellen
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Wayne Norman (son)
(b) Address: Unionville Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6-12-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Unionville, Missouri
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 30 Y Faraon, St. Joseph, Mo.
19. (a) 6/12/44 (Date received local registrar) (b) Helen O. Cecil (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1944 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from 5-22-44, 19..., to 6-12, 1944, that I last saw him alive on 6-12, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstruction - probably malignant
Due to: Not known
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: None
Of autopsy:

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: E H Magee (M. D. or other) MD
Address: State Hosp # 2 Date signed 6/12/44

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(Licensed Embalmer's Statement on Reverse Side)

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.....Elbert C. Harrington

Licensed Embalmer No.....3258-Mo

P. O. Address.....St. Joseph, 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.