. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS 97

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21451

Registration District No. FILED JUL 5 1944 128

Primary Registration District No. 5354

Registrar's No. 46

1. PLACE OF DEATH:

(a) County [redacted] Dallis Co

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

(c) Name of hospital or institution: sheridan wp
All her life
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 43 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallis Co

(c) City or town Fairgrove 30
(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 0

3. (a) PRINT FULL NAME Tennessee Norton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 5 (Day) 1862 (Year)

8. AGE: Years 82 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Fairgrove (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Matt Stafford
13. Birthplace Unknown (City, town, or county) U (State or foreign country)

MOTHER
14. Maiden name Mary Matticks
15. Birthplace Unknown (City, town, or county) U (State or foreign country)

16. (a) Informant Felix Norton 1
(b) Address Red Top Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 22 (Day) 1944 (Year)
(c) Place: burial or cremation Mt Olive

18. (a) Signature of funeral director Fred C Thieme
(b) Address 1100 Boonville Ave Springfield

19. (a) June 2 1944 (Date received local registrar) (b) Mrs A. L. Hoover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1944 hour 12 minute 50 M.

21. I hereby certify that I attended the deceased from April 20, 1944, to June 19, 1944
that I last saw her alive on April 20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 930

Major findings:
Of operations

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 0

23. Signature Wayne Hammerman (M. D. or other) DO
Address Fair Grove Mo Date signed 6/19/44

112 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-3-44
District Health Office No. 7
File Number 6-44-757

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address 1100 Bonnie

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.

V. S. No. 2B
10M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July

Registration District No. 12 Primary Registration District No. 5354 Registrar's No. 46

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Dallas Co. Rural

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

(c) Name of hospital or institution: Grair Grove
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 43 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes

If yes, name country

3. (a) PRINT FULL NAME Tennessee Norton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 5 (Day) 1860 (Year)

8. AGE: Years 82 Months 4 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business House Keeping

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

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

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) Mrs A. H. Hoover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day
year 1944 hour minute

21. I hereby certify that I attended the deceased from
19 to
that I last saw h alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 p
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

21451