

Registration District No. **248**

Primary Registration District No. **4369**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **NEWTON**
(b) City or town **Seneca**
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **74 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Newton**
(c) City or town **Seneca**
(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 _____

3. (a) PRINT FULL NAME **Henry Osborn Norris**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mattie Jane Norris** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **March 12, 1870**
(Month) (Day) (Year)

8. AGE: Years **74** Months **4** Days **1** If less than one day _____ hr. _____ min.

9. Birthplace **NEWTON MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer, Moseh ant.**

11. Industry or business _____

12. Name **William J. Norris**

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

14. Maiden name **Marguerite Burdick**

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

16. (a) Informant **Muriel J. Norris**

(b) Address **230 E. 9th, Okemulgee, Okla.**

17. (a) **Burial** (b) Date thereof **7-16-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Baptist Cemetery**

18. (a) Signature of funeral director **W. B. Burdick**

(b) Address **Seneca, Mo.**

19. (a) **8-24-44** (b) **Nettie Norris**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **13**
year **1944** hour **16 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **July 1, 1944** to **July 13, 1944**
that I last saw him alive on **July 13, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death: **(Heart Failure) Chronic myocarditis with hypertrophy**

Other conditions (Include pregnancy within 3 months of death) **93d**

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

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 **J. R. Deimler** (M. D. or other) _____

Address **Seneca, Mo.** Date signed **7-16-44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1352

(Licensed Embalmer's Statement on Reverse Side)

73
4
0

RECEIVED *Sept. 5, 1944*
Public Health Officer No.
Serial File Number *844-176*
Date Filed *Sept. 5, 1944*

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 *B.M. Duggan*
Licensed Embalmer No. *2334*
P. O. Address *Seneca 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.