

FILED NOV 10 1944

Registration District No. **362**

Primary Registration District No. **4531**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County **Warren**
(b) City or town **Warrenton**
(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) **1**
(d) Length of stay: In hospital or institution **life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Warren** **109**
(c) City or town **Warrenton** **1**
(If outside city or town limits, write "RURAL") **3**
(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 **Martha E. Norris**

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

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

6. (b) Name of husband or wife **W. Elmer Norris** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **March 19, 1875**
(Month) (Day) (Year)

8. AGE: Years **69** Months **6** Days **25** If less than one day hr. min.

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

10. Usual occupation **housewife**

11. Industry or business

MOTHER FATHER { 12. Name **William E. Owens**
13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Williams**
15. Birthplace **Foristell Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. E. Norris**
(b) Address **Warrenton, Mo.**

17. (a) **Burial** (b) Date thereof **10-17-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Warrenton, Mo.**

18. (a) Signature of funeral director **J. A. Williams**
(b) Address **Warrenton, Mo.**

19. (a) **Oct. 17, 1944** (b) **John A. Bittermayer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **14**
year **1944** hour **11:50** minute **P. M.**

21. I hereby certify that I attended the deceased from **August 1**
1943 to **October 14** **1944**
that I last saw her alive on **October 14** **1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** **1 hour**
Due to **Hypertension and myocarditis** **4 years**
Due to

Other conditions (Include pregnancy within 3 months of death) **A 3rd**

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?

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

23. Signature **John A. Bittermayer** (M. D. or other)
Address **Warrenton, Mo.** Date signed **Oct. 16, 44**

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-4-44

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 J. H. Lieberg
Licensed Embalmer No. 3897
P. O. Address Warrenton, 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.