

FILED DEC 8 1944  
Registration District No. 157

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Clinton General  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Days  
Specify whether  
In this community           
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry 42  
(c) City or town Calhoun  
(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 Ross Calhoun Norvell

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 Married  
6. (b) Name of husband or wife Georgi Lee Norvell 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased Mar 27 1876  
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 17 If less than one day          hr.          min.

9. Birthplace Calhoun Mo (City, town, or county) (State or foreign country) 11

10. Usual occupation Salesman

MOTHER FATHER

11. Industry or business         

12. Name Robert Norvell

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

14. Maiden name Mary Jane Myers

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

16. (a) Informant Georgia Lee Norvell

(b) Address Calhoun Mo

17. (a) Burial (b) Date thereof Nov 16 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Mo

18. (c) Signature of funeral director J. A. Housey

(b) Address Calhoun Mo

19. (c) November 15 1944 Georgia Ritchey  
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13 year 1944 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov 7 1944, to Nov 13 1944, that I last saw him alive on Nov 13 1944, and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 2 1/2 hr.  
Due to arterio sclerosis ?

Due to           
Other conditions          (Include pregnancy within 3 months of death)

Major findings:          Of operations          Of autopsy         

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 J. D. Walker (M. D. or other) M.D.

Address Clinton Mo Date signed 11-14-44

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

RECEIVED

Officer No. 74

11-44-1264

Date Filed 12-7-44

**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 *myself.*

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *J. A. Housley*

Licensed Embalmer No. *3562*

P. O. Address *Calhoun 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.**