

FILED JAN 3 1945

Registration District No. _____

Primary Registration District No. 6206

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

1. PLACE OF DEATH:

(a) County Leflore

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

(c) Name of hospital or institution: Clara Mo.
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 44 years (years, months or days)

3. (a) PRINT FULL NAME James Huchie Norris

3. (b) If veteran, name war no

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 Lucie 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased October 16 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Blacksmith

11. Industry or business _____

MOTHER FATHER { 12. Name Isaac Norris

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

14. Maiden name Large

15. Birthplace unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Norris

(b) Address Houston, Mo.

17. (a) Burial (b) Date thereof 12/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walford cemetery

18. (a) Signature of funeral director Harold V. Elliott

(b) Address Houston, Mo.

19. (a) 12/22/44 (b) Mrs. Callie Deuff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Leflore 107

(c) City or town Clara Mo. 0
(If outside city or town limits, write "RURAL") 1)

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 1)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th
year 1944 hour 7 minute 4 A.M.

21. I hereby certify that I attended the deceased from May 1939 to Dec 20 1944
that I last saw h.l.f. alive on DEC. 14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION Duration _____

Due to CARDIO-RENAL-VASCULAR DISEASE WITH HYPERTENSION

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

Major findings: 131a 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) (b) Means of injury _____

23. Signature J. M. Pullman (M. D. or other) M.D.
Address Houston Mo. Date signed 12-22

RECEIVED

District Health Officer No. 5,

District File Number 185-4

Date Filed 1-5-45

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.