

FILED MAR 15/1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 5568

Registrar's No. 51

1. PLACE OF DEATH:

(a) County JACKSON  
(b) City or town INDEPENDENCE Rural Blue  
(c) Name of hospital or institution:  
9331 EAST 16TH STREET  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 45 YEARS.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON  
(c) City or town INDEPENDENCE Rural  
(d) Street No. 9331 EAST 16TH STREET  
(e) Citizen of foreign country? NO  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRY JOSEPH NORTON

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 MRS. CARRIE NORTON  
6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased. AUGUST 25 1864  
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation RETIRED JEWELRY WATCHMAKER

11. Industry or business 14-YEARS RETIRED

12. Name JOSEPH B. NORTON

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

14. Maiden name SOPH KO NIA HANNAH LOWE

15. Birthplace UNKNOWN WISCONSIN  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. FLORENCE Mc MILLAN  
(b) Address 1510 EAST 50TH STREET R.C.M.D.

17. (a) BURIAL (b) Date thereof FEB 20 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. WASHINGTON CEM.

18. (a) Signature of funeral director D.W. Newcomer's land  
(b) Address 1401 Birch Creek Blvd. R.C. no.

19. (a) 2-19-45 (b) James W. Ross  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 18<sup>TH</sup>  
year 1945 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept. 5  
1944, to Feb. 19 1945  
that I last saw him alive on Feb. 19 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
94a

Other conditions that have had influence on the death (include pregnancy within 3 months of death)  
No influence

Major findings: Of operations no operation

Of autopsy no 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 place?

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

23. Signature J. Haller (M. D. or other) M.D.  
Address Independence Date signed 2-19-45

Duration

1 hour

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1163

306. First National Bank & Bldg.  
2-6  
g.m.

MAY 28 1945

**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 Emile M. Calhoun  
Licensed Embalmer No. 3506  
P. O. Address KC 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.**