V. S. No. 2
00M—2-43
Rev. 5-17-39
Stock I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 29 1945

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8732

Primary Registration District No. 1002

Registrar's No. 1214

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 years (Specify whether years, months or days)
In this community 72 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5331 Highland
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK J NORR
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 24 1873 (Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 9 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired--Gardner
11. Industry or business
FATHER
12. Name Gustaf Norr
13. Birthplace Sweeden (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Larson
15. Birthplace Sweeden (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Anna McMahon
(b) Address 705 West 38th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Quirk & Cabin Co
(b) Address 20 West Linwood
19. (a) 3-15-45 (Date received local registrar) (b) M. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day March year 1945 hour 8:00 minute P M.
21. I hereby certify that I attended the deceased from Feb 27th, 1945, to March 13, 1945 that I last saw him alive on March 13, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Concurrent Bronchial Pneumonia	5 Days
Due to: Cardiac Decompensation	2 Weeks
Due to: Arteriosclerosis	Years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy: No	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature John T Skinner (M. D. or other) MD
Address 402 Bryant Bldg Date signed 3/14/45

(Licensed Embalmer's Statement on Reverse Side)

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 Charles M Zurk

Licensed Embalmer No. 3774

P. O. Address Kansas City 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.