

S. No. 2
OM-8-43
v. 5-17-39
I X37823

24760

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 16 1945

Registration District No. _____

Primary Registration District No. 5998

Registrar's No. 41

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

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town RURAL, YORK TOWNSHIP
(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)
(d) Length of stay: In hospital or institution ✓ (Specify whether)
In this community WIFE TIME
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM
(c) City or town POWERSVILLE ROUTE No 2
(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

FRANCES HASTELOW NORMAN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 27 1891
(Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 11 If less than one day hr. min.

9. Birthplace PUTNAM Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INVALID LABORER 4 years

11. Industry or business _____

MOTHER FATHER { 12. Name L. M. NORMAN
13. Birthplace WINTERSET IOWA
(City, town, or county) (State or foreign country)
14. Maiden name MARY H. BUNGARDNER
15. Birthplace PUTNAM Co. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Clara C. Smith
(b) Address POWERSVILLE Mo. ROUTE # 2
17. (a) BURIAL (b) Date thereof JUNE 9 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WYREKA CEMETERY

18. (a) Signature of funeral director C. M. STICK FUNERAL HOME
(b) Address UNIONVILLE Mo. By July 7 Cemeterial
19. (a) 7/2/45 (b) _____
(Date received local registrar) (City or town)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 8
year 1945 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from DEC 15
1940 to June 8 1945;
that I last saw her alive on May 25 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Wemic poisoning
Due to Tetanus from Decubitis
Due to Chronic myocarditis

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. W. McDonald (M. D. or other) Dr.
Address J. W. McDonald Date signed 6/8/45

1099

RECEIVED

District Health Officer No. 10

District File Number 7-45-1120

Date Filed JUL 3 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

John N. Camstock

Licensed Embalmer No. 3891

P. O. Address *Chiswick, 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.