

S. No. 2
M-5-43
5-17-39
I X36671

FILED SEP 11 1945

Registration District No. **130**

Primary Registration District No. **5528**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Hickory

(b) City or town Rural Weaubleau Twp
(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 2 years (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory

(c) City or town Rural Weaubleau Twp
(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 ARYILL RICHARD NORRIS

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. 490-09-2812

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept, day 7, year 1945, hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 6, 1945 to Sept 7, 1945 and that I last saw him alive on Sept 6, 1945 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Beley

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased June 6 1884
(Month) (Day) (Year)

Immediate cause of death _____

Coronary Thrombosis 5 min

Due to Cardiac Hypertrophy

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

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>3</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Adherston Mo. U
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Bank Clerk

11. Industry or business Retired

12. Name William Martin Norris

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

14. Maiden name Amanda Strange

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

16. (a) Informant Mrs. A.R. Norris

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? _____

17. (a) Burial (b) Date thereof Sept 10, 1945
(Burial, cremation, or repository) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Cemetery

18. (a) Signature of funeral director A.H. Simpson

(b) Address Humansville, Mo.

19. (a) Sept 7 (b) W. O. Hargiss
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Rose O. Meins (M. D. or other) O.M.D.

Address Humansville Mo. Date signed 9-7-45

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

MOTHER FATHER _____

1453

JAN 28 1947

FRYLL RICHARD MORRIS

fine photo.

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.....

by me

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. H. Pinner

..... Licensed Embalmer No. 42182

..... P. O. Address *Humansville, 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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 2748945

State of _____
County of Polk } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this 21st day of Sept, 1945, before me appears _____

E. H. Primm, who, upon his oath, states that the original record of birth death
for Arwill R. Norris, died Sept 7, 1945, in the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 17 c should read Lee's Summit Cemetery

Instead of Woodlawn Cemetery

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: E. H. Primm, Funeral Director
Relationship.

Humansville, Mo.
Present Address.

Subscribed and sworn to before me this 20 day of Sept, 1945.

My Commission expires May 20, 1949 Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1850

James H. ...

...

...

...

...