

S. No. 2
M-2-43
5-17-39
PI X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28199

State File No.

FILED AUG 18 1945

Registrar's No. 38

Registration District No. 222

Primary Registration District No. 5-95-2

1. PLACE OF DEATH

(a) County Pike
(b) City or town Rural Spencer
(c) Name of hospital or institution: 10 miles N. Vandalia Mo.
(d) Length of stay: In hospital or institution 4 yrs
In this community 4 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82
(c) City or town Rural
(d) Street No. 10 miles North Vandalia
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Dudley Homer Norris

3. (b) If veteran, name war 3. (c) Social Security No. 494-22-4404

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude Norris 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Feb., 16, 1889

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>4</u>	<u>27</u>	hr. min.

9. Birthplace Poughkeepsie, Arkansas

10. Usual occupation Farming

11. Industry or business "

MOTHER FATHER { 12. Name Thomas Norris
13. Birthplace Poughkeepsie Arkansas
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Mrs Gertrude Norris

(b) Address Vandalia, Mo.

17. (a) Burial (b) Date thereof 7-14-45

(c) Place: burial or cremation Springfield Cemetery

18. (a) Signature of funeral director W. H. Smith
(b) Address Vandalia, Mo.
19. (a) July 17, 45 (b) Mrs Frank Lord

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1945 hour 7 AM minute M.

21. I hereby certify that I attended the deceased from July 12 1945 to July 13 1945
that I last saw him alive on July 12 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy Hof

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 A. N. Bland (M. D. or other) D
Address Vandalia Mo Date signed 7/19/45

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

JUL 26 1945

AUG 23 1945

RECEIVED

District Health Officer No. 10

District File Number 8-45-125

Date Filed AUG 15 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.....

Licensed Embalmer No. 3920

P. O. Address Perry, 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.