No. 2
—2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9598

FILED APR 10 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1576

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: K. C. T. B. Hospt. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs-1 mo-29 days (Specify whether)

In this community 30 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 721 N. 18th St. (If rural, give location) 8

(e) Citizen of foreign country? American (Yes or ~~No~~) 0

If yes, name country

3. (a) PRINT FULL NAME George Norris

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~~ 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased March 27 ~~1946~~ 1882 (Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Austria (City, town, or county) Austria 4 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Richard Cabot Clinic

FATHER
12. Name Theodore Norris
13. Birthplace Austria Co. (City, town, or county) Austria 4 (State or foreign country)

MOTHER
14. Maiden name Unknown Austria 4
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address K. C. T. B. Hospt

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary: K. C. Kan.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address Kansas City Mo.

19. (a) 4-2-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month March day 31 year 1946 hour 6 minute 50 P M.

21. I hereby certify that I attended the deceased from 1944 to 3-31 1946 that I last saw him alive on 3-31 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver c̄ Ascites — Duration 8 Mo.

Due to

Due to

Other conditions Pulmonary Tuberculosis 2 yrs (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 13 B

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 D. L. Coffman (M. D. or other) MD

Address Kansas City Mo Date signed 3-31-46

(Licensed Embalmer's Statement on Reverse Side)

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

8524

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 Blaine E. Weibert

Licensed Embalmer No. 4075

P. O. Address K.C. 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.