

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1945
STANDARD CERTIFICATE OF DEATH

State File No. **13999**
Registrar's No. _____

Registration District No. **254** Primary Registration District No. **5866**

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Myrtle Myrtle 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 20 years
years, months or days

3. (a) PRINT FULL NAME Mary Norton

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

3. (c) Social Security No. ---

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Oscar Norton

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June 2 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	9	17	_____ hr. _____ min.

9. Birthplace Heart Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name ? Stroud

13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name ? Taylor

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

16. (a) Informant Oscar Norton

(b) Address Myrtle, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3/21/46
(Month) (Day) (Year)

(c) Place: burial or cremation Burk's Chapel

18. (a) Signature of funeral director Geo Dan

(b) Address Thayer, Mo.

19. (a) 4/25/46 (Date received local registrar)

(b) Mayorie Thomas (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon **75**

(c) City or town Myrtle (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1946 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from March 15 to March 19 1946
that I last saw her alive on March 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction of heart disease
Chronic Myocarditis

Duration _____

Due to _____

Due to _____

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)

(c) Means of injury _____

23. Signature DW Cooper M.D. (M. D. or other)

Address Thayer Mo Date signed _____

RECEIVED

District Health Officer No 5,

District No Number

Date Filed

446318

7.29.46

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.....

P. O. Address.....

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.