No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17534

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 80

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days) In this community entire life.

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Gentry
(c) City or town Stanberry MO (If outside city or town limits, write "RURAL")
(d) Street No. S. Depot St. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3. (a) PRINT FULL NAME JAMIE A. NORMAN
3. (b) If veteran, name war ✓
3. (c) Social Security No. NONE
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife SINGLE
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased April (Month) 24 (Day) 1888 (Year)
8. AGE: Years 58 Months 0 Days 15 If less than one day hr. min.
9. Birthplace Stanberry (City, town, or county) MO (State or foreign country)
10. Usual occupation retail store
11. Industry or business " " wall paper
MOTHER FATHER
12. Name James C. Morrison
13. Birthplace New Mount (City, town, or county) MO (State or foreign country)
14. Maiden name Anna M. Anderson
15. Birthplace Penna (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Anna D. Ryds
(b) Address 2614 Hotson St St Joseph
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation Stanberry MO
18. (a) Signature of funeral director Eston H. Phillips
(b) Address Stanberry MO
19. (a) May 10-46 (Date received by local registrar) (b) Reed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1946 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 7 1946, to May 9 1946; that I last saw him alive on May 9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	
Due to Pulmonary edema	
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? (Specify type of place) While at work? (e) Means of injury
23. Signature H. C. Bowman (M. D. or other)
Address Maryville Mo. Date signed 5/10/46

229 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Laton H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stanberry 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.