

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 706

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan.
(b) City or town St. Joseph Mo.
(c) Name of hospital or institution: Rose Nursing Home, 1801 Savannah Ave.
(d) Length of stay: In hospital or institution 10 mos., 21 days
In this community Lifetime, 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri/ (b) County Buchanan.
(c) City or town St. Joseph.
(d) Street No. 2406 Vories Street
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Nell Norton.
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive, years

7. Birth date of deceased July 18, 1861

8. AGE: Years 84 Months 10 Days 11

9. Birthplace St. Joseph Missouri

10. Usual occupation None.

11. Industry or business

MOTHER FATHER { 12. Name Dominick Norton.
13. Birthplace Unknown, Ireland.
14. Maiden name Mary Fogarty.
15. Birthplace Unknown, Ireland.

16. (a) Informant Mrs E.P. McAnany.
(b) Address 2406 Vories Street.

17. (a) Burial (b) Date thereof June 21, 1946
(c) Place: burial or cremation Mt. Olivet Cemetery.

18. (a) Signature of funeral director
(b) Address 1802 Union St. St. Joseph Mo.

19. (a) June 20, 1946 (b) (c)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 19
year 1946 hour 8 minute 08 P.M.
21. I hereby certify that I attended the deceased from May 10 - 1946 to June 19 1946
that I last saw her alive on June 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Due to
Due to
Other conditions

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

23. Where did injury occur?
(a) (b) (c) (d)
While at work? (Specify type of place)
(e) Means of injury

23. Signature Legeri Beck M.D. (M. D. or other)
Address King Hill Mo. Date signed 4/29/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
18429

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 *Elmer Thomas*.....

Licensed Embalmer No. *2640*.....

P. O. Address: *St Joseph 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.