No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23312 ✓

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 600

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield, 1460 W. Loren
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1460 W. Loren
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Rural, Springfield-S. Campbell Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. (1460 W. Loren St.) Route #8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elmer Charles Norman

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

3. (c) Social Security No. 491-05-4983

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Irene Norman

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased April, 12, 1913 (Month) (Day) (Year)

8. AGE: Years 33 ✓ Months 3 Days 5 If less than one day hr. min.

9. Birthplace Christian Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation clerk

11. Industry or business

FATHER
12. Name Ora Norman
13. Birthplace UNK. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Jennie Frazier
15. Birthplace UNK. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Irene Norman
(b) Address R#8, Springfield, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July, 19, 46 (Month) (Day) (Year)
(c) Place: burial or cremation Frazier Chapel

18. (a) Signature of funeral director T.W. Maples
(b) Address Clever, Mo.

19. (a) 7-18-46 (Date received local registrar) (b) M E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Unattended by physician, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Probably Coronary thrombosis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

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 M E Handley Local Registrar (M. D. or other)

Address Springfield, Mo. Date signed 7/18/46

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 22 1947

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 F. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, 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.