

FILED Jul 22 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 502 172

Primary Registration District No. 4 5652

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Chesapeake
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home of Frank
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence 55

(c) City or town Chesapeake
(If outside city or town limits, write "RURAL.")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Roland Dale Norris

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31
year 1946 hour 2 minute 10 M.

21. I hereby certify that I attended the deceased from 3/30/46 to 3/31/46

that I last saw him alive on 3/30 and that death occurred on the date and hour stated above

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If _____

7. Birth date of deceased: Feb 15 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 16 hr. min.

Immediate cause of death Bronchopneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Hollis Gale Norris

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

14. Maiden name Mrs Magnolia Woods

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

16. (a) Informant Hollis Norris

(b) Address Chesapeake Mo.

17. (a) Burial (b) Date thereof Apr 1 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W.O. Olive Ave. W. Chesapeake, Mo.

18. (a) Signature of funeral director H.D. Smith

(b) Address W. Vernon, Mrs. W.S. Berry

19. (a) 4-29-46 (b) _____
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury _____

23. Signature W. Vernon (M.D. or other) _____

Date signed 4/1/46

Duration 1 wk

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 746-762

Date Filed JUL 19 1946

4-29-46
TO DR. BURNETT - MILLER MD
PLEASE SO I MAY FRANKED
ENV. FUTURE. FORWARD
IN
DPO

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.....

Was not embalmed.

Registered Apprentice No.

working under my personal supervision.

Signed *Max S. Fossil*

Licensed Embalmer No. 4252

P. O. Address *Milwaukee, 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.