

STANDARD CERTIFICATE OF DEATH

State File No. 24424

Registration District No. 238

Primary Registration District No. 5821

Registrar's No. 156

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural  
(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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Barbara Ann Norman

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased 6 (Month) 11 (Day) 1946 (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James E. Norman

13. Birthplace Hardin Co. (City, town, or county) Tenn. (State or foreign country)

14. Maiden name Elsie Burns

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

16. (a) Informant James E. Norman

(b) Address Matthews, Mo. R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/46 (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo. R.F.D.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston, Mo.

19. (a) 7-20-46 (Date received local registrar) (b) Helen Landjones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Matthews, Mo. R.F.D. # 2 0  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12 year 1946 hour 1 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from 5th June 1946 to June 6 1946

that I last saw him alive on 5 June 1946 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cerebral Haemorrhage

Due to Rapid Child Birth

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 1600

Duration \_\_\_\_\_

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) \_\_\_\_\_ (Specify means of injury)

23. Signature E. Francis (M. D. or other) \_\_\_\_\_ Date signed 6-17-46

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

0200

Sub 10

RECEIVED

District Health Office No. 21

District File Number 746-909

Date Filed 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.....

Not Embalmed

Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3941

P. O. Address St. Louis, 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.**