No. 2
-9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24723

Registration District No. 376 Primary Registration District No. 3059 Registrar's No. 231

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether
In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 204 S. 13th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDITH DIXIE NORMAN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grover H Norman
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Dec. 8 1896 (Month) (Day) (Year)

8. AGE: Years 49 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Camp Point Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Charles C. Omer
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ida Belle Elzia
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Grover H. Norman
(b) Address 204 S. B. Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Francois Memo Pk
18. (a) Signature of funeral director Benham Und Co
(b) Address 313 Benham Bonne Terre Mo
19. (a) 7-23-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th year 1946 hour 12 minute 40 P. M.
21. I hereby certify that I attended the deceased from July 3, 1946, to July 8, 1946 that I last saw her alive on July 8, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Colon	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46	
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 J. L. Foster (M. D. or other)
Address Desloge Mo Date signed 7-12-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 846-244

Date Filed 8-8-46

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.