No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33142

Registration District No. 76 Primary Registration District No. 6290 Registrar's No. 70

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Buffalo 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 5 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas 30

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

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

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

If yes, name country

3. (a) PRINT FULL NAME AMY ADELINE NORVELL

3. (b) If veteran, name war

3. (c) Social Security No.

4. female

5. Color or race white

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

6. (b) Name of husband or wife Gerald

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Mar (Month) 20 (Day) 1887 (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	7		hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Wm Francis Drake
13. Birthplace (City, town, or county) Ind (State or foreign country)

MOTHER
14. Maiden name Hannah Gibbs
15. Birthplace Lee Co (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Gerald M Moore

(b) Address Buffalo Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-23-46 (Month) (Day) (Year)

(c) Place: burial or cremation Jenkins

18. (a) Signature of funeral director L B Jones

(b) Address Buffalo Mo

19. (a) 11-10-46 (Date received local registrar) (b) Grace Peters (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 20 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Dec. 26, 1942, to Oct. 14, 1946; that I last saw her alive on Oct. 14, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Block	?
Due to Scleroderma approx	8 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 15 30
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 A. R. Todd (M. D. or other) D.C.

Address Marshfield, Mo Date signed 10/25/46

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(Licensed Embalmer's Statement on Reverse Side)

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. Morris B. Jones

Licensed Embalmer No. 4322

P. O. Address. Buffalo 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.