

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 1003 South New Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 75 years. (Specify whether
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Greene 39
 (c) City or town Springfield 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1003 South New Ave., 6
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No) 1
 If yes, name country.

3. (a) PRINT FULL NAME Sally C. Norman
 3. (b) If veteran, name war: None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Dr. J. E. Norman
 6. (c) Age of husband or wife if alive 91 years
 7. Birth date of deceased Aug. 13, 1851
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 95 1 28 hr. min.

9. Birthplace Hardin County Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At Home

MOTHER FATHER {
 12. Name Barton Barnett
 13. Birthplace Hardin County Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Jane McGee
 15. Birthplace Hardin County Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Daisy N. Wall

(b) Address 1003 S. New Ave., Springfield

17. (a) Burial (b) Date thereof 10-13-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cem.,

18. (a) Signature of funeral director J.W. Klingner & Co.
 (b) Address Springfield Mo.

19. (a) 10-13-46 (b) W.E. Hurdley M.D.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11
 year 1946 hour 3 minute 15 P. M.
 21. I hereby certify that I attended the deceased from Oct 9
 1946 to Oct 11, 1946
 that I last saw her alive on Oct 9
 and that death occurred on the date and hour stated above.

Immediate cause of death
 Cardiac failure 2 days
 Due to Uremia 1 mo.
 Arteriosclerosis 10-15 yrs
 Senility
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 97
 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?

23. Signature Don J. Sibley (M. D. or other) MD
 Address Springfield Mo Date signed 10-15-46
 (Specify type of place) (e) Means of injury

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

32114

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.....

Max Rhodes

Licensed Embalmer No.

4074

P. O. Address.....

Springfield

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.

X