

FILED

OCT 24 1946

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County MARION
(b) City or town HANNIBAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LEYERING HOSP. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 DAYS
(Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE Co.
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. RT. 1, STOUTSVILLE, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME MINNIE MARY ELIZABETH NORMAN

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GEO. COLUMBUS NORMAN 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased FEB. 26, 1919
(Month) (Day) (Year)

8. AGE: Years 27 Months 7 Days 17 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

12. Name STEPHEN DE ORNELLIS

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

14. Maiden name MIDBIE KIDD

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

16. (a) Informant Mrs. Robert E. Hughes

(b) Address MONROE CITY, Mo.

17. (a) BURIAL (b) Date thereof 10-15-46
(Specify preparation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's, Hannibal, Mo.

18. (e) Signature of funeral director Speed O'Shley

(b) Address PARIS, Mo.

19. (a) 10-16-46 (b) David M. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 13
year 1946 hour 12 minute 05 AM
21. I hereby certify that I attended the deceased from 9-29-46
10-13-46 to 10-13-46
that I last saw him alive on 10-13-46
and that death occurred on the date and hour stated above.

Immediate cause of death Manure pulmonary embolus Duration 15 min

Due to 12 day post op caesarian - complicated pelvic thrombosis

Due to post partum, and post-maturity

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 149B 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? -

While at work (Specify type of place) (e) Means of injury -

23. Signature Howard J. Seidman (M. D. or other) MD

Address HANNIBAL, Mo. Date signed

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

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 *E. H. Agnew*.....

Licensed Embalmer No. 4000.....

P. O. Address Paris, Missouri,.....

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.