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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

34281

State File No.

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 148

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville, Missouri
(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 years, months or days)
In this community 25 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Maryville, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 542 West Second
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Katherine Norton
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 Widow
6. (b) Name of husband or wife Frank DeWitte Norton
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 4th, (Day) 1861 (Year)

8. AGE: Years 85 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Louisa County (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name James D. Paschal
13. Birthplace Ohio (City, town or county) (State or foreign country)
MOTHER 14. Maiden name Araminta Hann
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Miss Margaret Norton
(b) Address Maryville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/46 (Month) (Day) (Year)
(c) Place: burial or cremation Maryville, Mo.
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Missouri
19. (a) Oct. 5, 1946 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd. year 1946 hour 11:00 minute A. M.
21. I hereby certify that I attended the deceased from Sept. 28-1937, 19 to October 3, 19 46 that I last saw her alive on October 3 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of Branch of Left Meningeal Artery — Duration
Due to Hypertension
Due to Senility
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 99
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 Chas T Bell (M. D. or other) M.D.
Address Maryville, Mo. Date signed 10/4/46

(Licensed Embalmer's Statement on Reverse Side)

33108

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

**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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.**