

FILED DEC 28 1946

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 310

1. PLACE OF DEATH:

(a) County BOONE
(b) City or town COLUMBIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WILHITE CONValesCENT HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE 10
(c) City or town RURAL - PERCHE 11
(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 PERMELIA CATHERINE NORRIS

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec - 2 - 1852
(Month) (Day) (Year)

8. AGE: Years 94 Months 0 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation N.W.F.

11. Industry or business _____

12. Name John Hixby

13. Birthplace Howard Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name M. A. Hilda Swearington

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

16. (a) Informant Mrs. E. P. Trudell

(b) Address Fairburg Mo

17. (a) Burial (b) Date thereof Dec. 18 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perche Lewis

18. (c) Signature of funeral director Barnes & Boothe

(b) Address Sturgeon, Mo.

19. (a) 12-19-46 (b) Mrs. R. E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1946 hour 3⁰⁰ minute _____ A.M.

21. I hereby certify that I attended the deceased from 11 - 1946 to 12 - 17 - 1946
that I last saw him alive on Nov. 13 - 1946
and that death occurred on the date and hour stated above

Immediate cause of death Myocarditis Duration Several mo.

Due to Age

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None PHYSICIAN _____

Of autopsy None 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) No

(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? No

While at work? No (Specify type of place) (e) Means of injury _____

23. Signature W. J. Bryant (M. D. or other) M.D.

Address Columbia Mo Date signed 12/20/46

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

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2
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38

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-27-46

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..... *A.E. Boothe*
Licensed Embalmer No. 4087
P. O. Address Sturgeon, 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.