

Registration District No. 23

Primary Registration District No. 4346

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery City
(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 20 yrs
years, months or days

3. (a) PRINT FULL NAME Mary Susan Norman

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

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife George W. Norman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 9 th 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 25
hr. min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER
12. Name John Calhoun
13. Birthplace Philadelphia
(City, town, or county) (State or foreign country)
14. Maiden name Liza Subelette
15. Birthplace Montgomery Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ethel Schowengerdt
(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 12-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo

19. (a) 12-14-46 (b) Thurman J. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Montgomery
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4
year 1946 hour I minute 30P M.

21. I hereby certify that I attended the deceased from Dec 1946 to Dec 4 1946
that I last saw her alive on Dec 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>myocardial degeneration</u>	<u>10 days</u>
Due to <u>Chronic Myocarditis</u>	<u>15 YRS</u>
Due to <u>Chronic Arterio Sclerosis</u>	<u>20 YRS</u>
Other conditions <u>Chronic Interstitial Nephritis</u> (Include pregnancy within 3 months of death)	<u>15 YRS</u>

Major findings:
Of operations _____
Of autopsy 1316
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 Walter Audale (M. D. or other) MD
Address Montgomery City Date signed 12/6/46

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

Date Filed 12-26-46

District File Number

Health Officer No. 9

RECEIVED

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..... on the 4th
day of Dec 1946....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *C. W. Hopkins*.....
C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address..... Montgomery City 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.