S. No. 2
M—5-43
. 5-17-39
b I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1947

Registration District No. 368

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3732

Primary Registration District No. 3026

Registrar's No. 49

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sunderwirth convalesant Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME James W. Norman
3. (b) If veteran, name war
3. (c) Social Security No. X
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie M. Norman
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Oct. (Month) 13 (Day) 1866 (Year)
8. AGE: Years 80 Months 3 Days 17 If less than one day hr. min.
9. Birthplace (City, town, or county) Texas (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER 12. Name John Norman
13. Birthplace (City, town, or county) Ky. (State or foreign country)
MOTHER 14. Maiden name Mary Walden
15. Birthplace (City, town, or county) Ky (State or foreign country)
16. (a) Informant Wife
(b) Address Butler, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2 47 (Month) (Day) (Year)
(c) Place: burial or cremation Orient Cem. Harrisonville
18. (a) Signature of funeral director Culver-Underwood
(b) Address Butler, Missouri
19. (a) 2-3-47 (Date received by local registrar) (b) Wathupe Haney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30 year 1947 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan-10 40 to Jan 30th 47 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 K D La Hue (M. D. or other)
Address Butler, Mo. Date signed 1-30-47

581

(Licensed Embalmer's Statement on Reverse Side)

Ch-01-e

2-Ch-1

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 Kenneth Rook, Registered Apprentice No. 471, working under my personal supervision.

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler, 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.