

FILED MAY 19 1947 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 374

Primary Registration District No. 4548

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Worth  
(b) City or town Worth  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME

Norma Irene Pickering  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive years \_\_\_\_\_  
7. Birth date of deceased Nov. 8 1925  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
21 5 21 hr. min.

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

10. Usual occupation Stenographer

11. Industry or business \_\_\_\_\_

12. Name Bruce Pickering  
13. Birthplace Grant County, Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Ethel Porter  
15. Birthplace Grant City, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Bruce Pickering

(b) Address Worth, Mo.

17. (a) Burial (b) Date thereof May 1 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City, Missouri

18. (a) Signature of funeral director Arch C. Dangle

(b) Address Grant City, Mo.

19. (a) May 7 1947 (b) Leta E. Lawrence  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Wassels City  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1947 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Compound fractures, recent  
in Worth, Mo., Tennessee  
Due to \_\_\_\_\_ Duration 3 min

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 18-8  
Of operations 18-9  
Of autopsy 1-1  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 11/8

(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? Home

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury Tornado

23. Signature Arch C. Dangle (x) Doctor \_\_\_\_\_  
Address Grant City, Mo. Date signed 5-3-47

JUL 28 1948

JUL 19 1948

**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.....

Licensed Embalmer No. 3252

P. O. Address Grant 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.**