S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25894

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6913

1. PLACE OF DEATH:

(a) County

(b) City or town: St.Louis,Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St.Louis City Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Shannon 101

(c) City or town: Low Wassie
(If outside city or town limits, write "RURAL")

(d) Street No.: R.R.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Floyd Elwood Norton

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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: August (Month) 12 (Day) 1916 (Year)

8. AGE: Years 30 | Months 11 | Days 10 | If less than one day hr. min.

9. Birthplace: Low Wassie (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: James Franklin Norton
13. Birthplace: Low Wassie (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Elsie L.Norton
15. Birthplace: Freemont (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Elsie L.Norton
(b) Address: Freemont,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Freemont,Mo.

18. (a) Signature of funeral director: Albert H.Hoppe
(b) Address: 4700 Washington Blvd.

19. (a) JUL 24 1947 (Date received by local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd year 1947 hour 10:45 minute P M.

21. I hereby certify that I attended the deceased from 7/7/47, 19..., to July 22nd, 1947; that I last saw him alive on July 22nd, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	4 years
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: George P. Smith (M.D. or other)
Address: 1515 Lafayette Date 7/23/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

6913

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.....

P. O. Address.....

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.