

FILED SEP 10 1947

Registration District No. 2837

Primary Registration District No. 5753

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Maries  
(b) City or town Rural Boone  
(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 All her life (Specify whether years, months or days)  
In this community All her life

3. (a) PRINT FULL NAME Norma Jean Tweehaus

3. (b) If veteran, name war

3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased 1 10 1930  
(Month) (Day) (Year)

8. AGE: Years 17 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Meta Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation X

11. Industry or business

12. Name Henry J. Tweehaus

13. Birthplace Osage County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Bax

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

16. (a) Informant Mr. Henry J. Tweehaus

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 8/22/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 8-24-47 (b) Pauline Howard  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 63  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 21  
year 1947 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw h. alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation (Accidental mechanical)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 182

Of autopsy 16

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) Accident 63

(b) Date of occurrence 8/21/47

(c) Where did injury occur Meta, Maries Co., Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? home (Specify type of place) (e) Means of injury Suffocation

23. Signature J. C. Howard (M. D. or other) D. O. 2

Address Vienna, Missouri Date signed 8/23/47

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 7-4-47

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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.....

*Maurice E. Schurbaum*, Registered Apprentice No. *462*,  
working under my personal supervision.

Signed *Fred A. Gillen*

Licensed Embalmer No. *2341*

P. O. Address *Dixon, 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.