

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **283**

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

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
400 So. Grand
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis **50**
 (c) City or town Sedalia **6**
(If outside city or town limits, write "RURAL")
 (d) Street No. 400 So. Grand **4**
(If rural, give location)
 (e) Citizen of foreign country? no **0**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Josephine Frances Norton
 3. (b) If veteran name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month AUGUST day 15
 year 1947 hour 4 minute 10 A. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife William F. Norton
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 28 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from JANUARY 1947 to AUGUST 15 1947
 that I last saw her alive on AUGUST 15 1947
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>0</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death myocarditis, chronic, severe
 Due to arteriosclerosis, advanced
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Major findings: Of operations _____
 Of autopsy none **9/13/47**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 12. Name James E. Roach
 13. Birthplace unknown **9**
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Shine
 15. Birthplace unknown **9**
(City, town, or county) (State or foreign country)

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? _____
 While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature Ch. Jordan Baughman (M. D. or other) **MO**
 Address Sedalia Mo. Date signed 8/16/47

16. (a) Informant Marion Norton
 (b) Address 400 So. Grand, Sedalia, Mo.
 17. (a) Burial (b) Date thereof 8-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary
 18. (a) Signature of funeral director McLaughlin Bros
 (b) Address Sedalia Mo.
 19. (a) 8-17-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

dec 4: A.M. Aug 15

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-11-47

DEC 15 1948

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 K.P. McCrory
Licensed Embalmer No. 3153

P. O. Address Sedalia 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.