No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32862

FILED OCT 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8691

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi 67
(c) City or town Burtrand
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route #1.
(If rural, give location)
N.R.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Archie Norman
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Estelle Norman
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased December (Month) 23 (Day) 1908 (Year)
8. AGE: Years 38 Months 8 Days 21 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER 12. Name Isaac Sylvester Norman
13. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)
MOTHER 14. Maiden name Alice Jackson
15. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)
16. (a) Informant Estelle Norman
(b) Address Burtrand, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation Burtrand, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) SEP 15 1947 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 14 year 1947 hour 8 minute 20 A. M.
21. I hereby certify that I attended the deceased from Aug. 18 1947 to Sept. 14 1947; that I last saw him alive on Sept. 14 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lympho Sarcoma	Undet.
Due to	
Due to	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: No	

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 Alex D. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 9/15/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 8 1958

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 Henry W. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.