

FILED OCT 24 1947

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4412

1. PLACE OF DEATH:

(a) County... **Jackson**
 (b) City or town... **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution... **General Hospital No. 1**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... **8 days**
(Specify whether
 In this community... **6 months**
years, months or days)

3. (a) PRINT
FULL NAME**Frances Adda Norvell**3. (b) If veteran,
name war... **no**3. (c) Social Security No.
none

4. Sex... **female** 5. Color or race... **white**
 6. (a) Single, widowed, married, divorced... **widow**
 6. (b) Name of husband or wife... **George D. Norvell**
 6. (c) Age of husband or wife if alive... years
 7. Birth date of deceased... **August 6, 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 2 8 hr. min.

9. Birthplace... **Hutchinson Kansas**
(City, town, or county) (State or foreign country)10. Usual occupation... **housewife**

11. Industry or business

12. Name... **Jacob Armstrong**
 13. Birthplace... **Virginia**
(City, town, or county) (State or foreign country)
 14. Maiden name... **Mary Smedley**
 15. Birthplace... **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant... **Mabel Norvell**(b) Address... **1807 Myrtle**17. (a) **removal** (b) Date thereof... **10-16-47**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation... **Centerview, Mo.**18. (a) Signature of funeral director... **Canaday & Ropp**(b) Address... **Holden, Mo.**19. (a) **10-21-47** (b) **Sheldine Holden**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Missouri** (b) County... **Jackson** **48**
 (c) City or town... **Kansas City** **3**
(If outside city or town limits, write "RURAL")
 (d) Street No... **1809 Myrtle** **8**
(If rural, give location)
 (e) Citizen of foreign country?... **no** (Yes or No) **0**
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... **Oct.** day... **14**
 year... **1947** hour... **9** minute... **40 P.M.**21. I hereby certify that I attended the deceased from...
Oct. 6, 1947 to Oct. 14, 1947
 that I last saw him alive on... **Oct. 14, 1947**
 and that death occurred on the date and hour stated above.Immediate cause of death...
Carcinoma of cecum with metastasis

Due to.....

Due to.....

Other conditions...
(Include pregnancy within 3 months of death)Major findings:
Of operations... **4/62**Of autopsy... **See above**

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... **W. W. Ropp** (M. D. or other) **M.D.**Address... **Med. Dir. Gen'l Hosp.** Date signed... **10-16-47**

PHYSICIAN

Underline
the cause of
which death
should be
charged sta-
tistically.

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

MOTHER FATHER

Dr. McDonald

OCT 25 1947

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.

9. Birthplace Irvington, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER { 12. Name Jacob Armstrong

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Mary Smedley

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

16. (a) Informant Mabel Norvell

(b) Address 1807 Myrtle, K. C. Mo.

17. (a) Burial (b) Date thereof Oct. 16, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerview, Mo.

18. (a) Signature of funeral director Canaday & Ropp

(b) Address Holden, Missouri

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Other conditions 74
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) _____

(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 _____ (M. D. or other) _____

Address _____ Date signed _____

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.....

M J Canaday

Licensed Embalmer No.

3434

P. O. Address.....

Holden, 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.