. 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 NOV 24 1947

Registration District No. 157

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38594

Primary Registration District No. 3028

Registrar's No. 233

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1025 Sycamore (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: 58 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage (If outside city or town limits, write "RURAL")
(d) Street No.: 1025 Sycamore (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ----

3. (a) PRINT FULL NAME: CHARLES ELMER NORMAN
3. (b) If veteran, name war: none
3. (c) Social Security No.:
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Minnie R. Norman
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: November (Month) 23 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
69	11	11	....hr. ....min.

9. Birthplace: Miami County (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: retired foreman
11. Industry or business: Atlas Powder Co.
FATHER
12. Name: T. G. Norman
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Dowell
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant: Mrs. C. E. Norman
(b) Address: 1025 Sycamore, Carthage, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Nov 6, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage Missouri
19. (a) 11-6-1947 (Date received local registrar) (b) L. B. Clinton, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4 year 1947 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from 10-9-47, 19..., to 4 Nov, 19 47, that I last saw him alive on Nov 1st, 19 47, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Sclerosis	13 months
Due to Arteriosclerosis, Generalized	Unknown
Due to	
Other conditions (Include pregnancy within 3 months of death): Valvular Heart Disease	Unknown

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: [illegible] (M. D. or other) MD
Address: 304 Grant [illegible] Date signed: 11-5-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-11-861

MAR 24 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 Robert H Knell Registered Apprentice No. 406 working under my personal supervision.

Signed Frank W Knell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.