No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11657

Registration District No. 43 — Primary Registration District No. 3007 — Registrar's No. 132

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7
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff R.R. #3 (If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Eugene Cyril Norman
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased October (Month) 7 (Day) 1947 (Year)

8. AGE: Years | Months 6 | Days 4 | If less than one day hr. min.

9. Birthplace Poplar Bluff (City, town, or county) Missouri R.3 (State or foreign country)
10. Usual occupation —
11. Industry or business
FATHER
12. Name Henry Norman
13. Birthplace Stoddard County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Pauline Katrem
15. Birthplace Logan (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs. Pauline Norman
(b) Address Poplar Bluff, Mo. R.3 B.411
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Dooley Cemetery
18. (a) Signature of funeral director Landers Funeral Home
(b) Address Campbell, Missouri
19. (a) 4-22-48 (Date received local registrar) (b) B. Minetree (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th year 1948 hour minute 11:45 p.M.
21. I hereby certify that I attended the deceased from 7th Apr. 1948 to 11th Apr. 1948 that I last saw him alive on 11th Apr. 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	
Due to: Virus following measles	
Due to:	
Other conditions: Laryngitis (Include pregnancy within 3 months of death)	
Major findings: Of operations: 3 5	
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 Cyril G. Post (M. D. or other) M.D.
Address Poplar Bluff, Mo. Date signed 16 Apr 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 448-548
Date Filed 4-26-48

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 Christine M. Landers
Licensed Embalmer No. 4227
P. O. Address Campbell, 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.