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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 22 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5465

State File No. 12253

Registrar's No. 314

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Rural, Campbell Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Johnson Rest Home Rt#4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 Days (Specify whether years, months or days)
In this community: 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: ~~Spr~~ Rural Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 4, Springfield
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Everett Norton
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: unknown (Month) (Day) (Year)

8. AGE: Years: about 66 | Months | Days | If less than one day: hr. min.

9. Birthplace: Webster County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: none
11. Industry or business: None
MOTHER FATHER
12. Name: Messor Norton
13. Birthplace: Webster County, Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Belle McKnabb
15. Birthplace: Webster County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: William Norton
(b) Address: Fair Grove, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Timber Ridge
18. (a) Signature of funeral director: Fred C. Thieme
(b) Address: Springfield, Mo.
19. (a) 4-12-48 (Date received local registrar) (b) W E Hanely MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 11th
year: 1948 hour: 12:30P.M. minute: M.

21. I hereby certify that I attended the deceased from Mch 25, 1948 to April 11, 1948 that I last saw him alive on April 9, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephritis	6 Months
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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? ✓
While at work? (Specify type of place) (e) Means of injury:
23. Signature: J S Breiton (M. D. or other) M.D.
Address: Springfield Mo Date signed: 4/12/48

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

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 Ralph Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.