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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 23 1948

Registration District No. 15

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4240

13036

State File No.

Registrar's No. 63

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Blue Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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) 47yrs
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Blue Springs
(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

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3. (a) PRINT FULL NAME Norman-a-Hire
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased April (Month) 2 (Day) 1868 (Year)

8. AGE: Years 79 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Burket (City, town, or county) Indiana (State or foreign country)
10. Usual occupation
11. Industry or business Retired R.R. agent
MOTHER FATHER
12. Name J. O. Hire
13. Birthplace Burket (City, town, or county) Indiana (State or foreign country)
14. Maiden name Minnie Warren
15. Birthplace (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Mrs Jennie Hire
(b) Address Blue Springs Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 3-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Springs Mo
18. (a) Signature of funeral director J B Webb & Son
(b) Address Blue Springs Mo
19. (a) 3-27-48 (Date received local registrar) (b) Donald C. Chrisman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 48 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Dec 19 48, to March 19 48, that I last saw him alive on March 19 48, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pernicious Anemia	10 yr.
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. R. Bay (M. D. or other)
Address Blue Springs, Mo. Date signed 3-20-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 3 1950

OCT 4 1950

NOV 9 1950

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 Kenneth Rayer Registered Apprentice No. 63 working under my personal supervision.

Signed R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.