

FILED SEP 4 1948 149
Registration District No.

Primary Registration District No. 1002

State File No.

Registrar's No. 3521

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

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: Hyde Park Hotel
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 years
(Specify whether years, months or days)
 In this community 30 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Grimes Norris
 3. (b) If veteran, name war no.
 3. (c) Social Security No. no.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mrs. Eva L. Norris
 6. (c) Age of husband or wife if alive unknown years
 7. Birth date of deceased May 26 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	3	0	hr. min.

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

10. Usual occupation Retired

11. Industry or business RR Passenger Agent

12. Name Spencer Norris
 13. Birthplace Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Joe Anderson
(City, town, or county) (State or foreign country)
 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva L. Norris
 (b) Address Hyde Park Hotel, Kansas City, Mo.

17. (a) burial (b) Date thereof 8-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure
 (b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-28-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. Hyde Park Hotel
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
 year 1948 hour 2:25 minute P. M.

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

Immediate cause of death Coronary Sclerosis

Due to _____

Due to _____

Other conditions Deputy Coroner
(Include pregnancy, if the method of death)

Major findings: History 9312
 Of operations _____

Of autopsy _____

22. If death was due to external cause, 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 or activity)

23. Signature A. E. Walker (M. F. Walker)
 Address 2800 Main Date 8/28/48

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 Robert H. Reed

Licensed Embalmer No. 3742

P. O. Address. K. C. 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.