

No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33620**

FILED OCT 27 1948
Registration District No. **27**

Primary Registration District No. **58876**

Registrar's No. **90**

1. PLACE OF DEATH:

(a) County: **Newton**

(b) City or town: **R#2 (RURAL) Neosho**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **R#2 Neosho, Mo. 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **29 YEARS**
(Specify whether years, months or days)

In this community: **29 YEARS**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Newton** **73**

(c) City or town: **Neosho (RURAL)** **8**
(If outside city or town limits, write "RURAL")

(d) Street No.: **South-west of Neosho on R#2**
(If rural, give location)

(e) Citizen of foreign country? **Yes or No**
If yes, name country: _____

3. (a) PRINT FULL NAME: **WILLIAM E. NORMAN**

3. (b) If veteran, name war: **NO**

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **12**
year **1948** hour **9:00** minute **P.M.**

4. Sex: **Male** 5. Color or race: **White**

6. (a) Single, widowed, married, divorced: **MARRIED**

6. (b) Name of husband or wife: **MATILDA**

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: **December 10, 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 12**, 1948, to **Oct 12**, 1948
that I last saw him alive on **Oct 12**, 1948
and that death occurred on the date and hour stated above.

Duration: **18**

8. AGE:	Years	Months	Days	If less than one day
	79	10	2	hr. min.

Immediate cause of death: **Bronchial pneumonia**

9. Birthplace: **ARLINGTON KANSAS**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Stone Mason**

Due to: **Influenza**

Due to: **Senility**

11. Industry or business: _____

12. Name: **UNKNOWN**

13. Birthplace: **UNKNOWN**
(City, town, or county) (State or foreign country)

14. Maiden name: **UNKNOWN**

15. Birthplace: **UNKNOWN**
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death): _____

Major findings: **320**

Of operations: _____

Of autopsies: _____

16. (a) Informant: **MATILDA NORMAN**

(b) Address: **R#2 Neosho, Mo**

17. (a) **Burial** (b) Date thereof: **Oct 15 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

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: _____ (c) Means of injury: _____

(c) Place: burial or cremation: **Oakwood Cem.**

18. (a) Signature of funeral director: **Clark Bigham Mont.**

(b) Address: **300 E. Spring Neosho**

19. (a) **Oct 18, 1948** (b) **Melodie C. Bowman**
(Date received local registrar) (Registrar's signature)

23. Signature: **C. E. Mandes** (M. D. or other) _____

Address: **Neosho, Mo** Date signed: **10-16-48**

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

MOTHER: FATHER:

RECEIVED
Newton Co Health Officer No. 47174
District Health Officer No. 1098-402
District File Number 10-25-48
Date Filed 10-25-48

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 Clayton M. Dancy
Licensed Embalmer No. 3566
P. O. Address Joplin 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.