FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40289

Registrar's No. 4969

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: Northeast Osteopathic Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community 7 years

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.: 3321 East 23 St. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: HATTIE JOSEPHINE NORFLEET

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ollie E.

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: October (Month) 2 (Day) 1896 (Year)

8. AGE: Years 52 Months 2 Days 3 If less than one day hr. min.

9. Birthplace: Spring Garden (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: House*wife

11. Industry or business:

MOTHER FATHER

12. Name: Thomas W. Henley

13. Birthplace: Spring-Garden (City, town, or county) Misouri (State or foreign country)

14. Maiden name: Josephine Norfleet

15. Birthplace: Spring Garden (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Ollie E. Norfleet

(b) Address: 3321 E. 23 St. K.C./Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 12/5/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Eldon Missouri

18. (a) Signature of funeral director: Lee H. Long Mortuary

(b) Address: Kansas City Kansas

19. (a) 12-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5 year 1948 hour 3 minute 25 A. M.

21. I hereby certify that I attended the deceased from Nov. 26, 1948, to Dec. 5, 1948, that I last saw him alive on Dec 4, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Asphyxia	2 hr.
Due to: Spontaneous Pneumothorax (Broncho-pleural fistula)	3 days
Due to: Lobar Pneumonia	8 da
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations: —	
Of autopsy: —	

PHYSICIAN

Underline the cause to 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)

(e) Means of injury: —

23. Signature: C. W. McCartney (M. D. or other) DO

Address: 3800 E. 27th St. K.C. Mo. Date signed: 12/5/48

(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. Chas. H. Rider

Licensed Embalmer No. 3404

P. O. Address. 703 N. 10 K C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.