

FILED JAN 3 1949

Primary Registration District No. 4508

Registrar's No. 58

Registration District No. 247

1. PLACE OF DEATH:
 (a) County Stone
 (b) City or town Salena
 (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 1
 In this community Entire Life
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stone 104
 (c) City or town Salena 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

3. (a) PRINT FULL NAME Jessie B. Norman
 3. (b) If veteran name war
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 29
 year 1948 hour 7 minute 20 A.M.
 21. I hereby certify that I attended the deceased from 10:00 AM
 1948 to 22 AM 1948
 that I last saw him alive on 22 Nov 1948
 and that death occurred on the date and hour stated above.
 Immediate cause of death Army Thrombosis
 Duration 2 1/2

4. Sex Female 5. Color or race wh
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Dead
 6. (c) Age of husband or wife if alive 5 years
 7. Birth date of deceased: May 1870
 (Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 12
 If less than one day hr. min.

9. Birthplace Quezela St Clara Co Gu
 (City, town, or county) (State or foreign country)

10. Usual occupation Laundry

11. Industry or business merchant

12. Name Thomas S Norman

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

14. Maiden name Arkham

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

16. (a) Informant Edith Barnes
 (b) Address Salena mo

17. (a) Burial (b) Date thereof Mar 26-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salena

18. (a) Signature of funeral director Emmett J. Cheatham
 (b) Address Salena mo

19. (a) Dec. 7-48 (b) Lena Murray - Dep
 (Date received from Registrar) (Registrar's signature)

Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 10/40
 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 0
 23. Signature J. H. Murray (M. D. or)
 Address Salena mo Date signed 2 Dec 48

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1248-1403

Date Filed 12-30-48

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Halena 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.