

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

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15564**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 442					
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene							
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place) 19 years		c. CITY (If outside corporate limits, write RURAL and give township) Springfield		d. STREET ADDRESS (If rural, give location) 1007 West Pacific					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1007 West Pacific				d. STREET ADDRESS (If rural, give location) 1007 West Pacific							
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) T	c. (Last) Norcross		4. DATE OF DEATH (Month) (Day) (Year) May 16 1949					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 13, 1872		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Optometrists for self--retired			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME George Norcross			13b. MOTHER'S MAIDEN NAME Nancy Davidson			14. NAME OF HUSBAND OR WIFE Maggie Norcross					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Maggie Norcross, Springfield, Missouri					ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably liver malignancy					INTERVAL BETWEEN ONSET AND DEATH Approx. 1 mo.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b)					DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									156A		
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP Springfield		21d. COUNTY Greene		21e. STATE Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 4 May, 1949 , to 16 May, 1949 , that I last saw the deceased alive on 16 May, 1949 , and that death occurred at 10:00 A.M. , from the cause, and on the date stated above.											
23a. SIGNATURE Henry J. Knott, Jr.				23b. ADDRESS 1630 N. Jefferson Ave. Springfield, Mo.		23c. DATE SIGNED 17 May 49					
24a. BURIAL (Specify) Burial		24b. DATE May 20, 1949		24c. NAME OF CEMETERY OR CREMATORY Greenlawn		24d. LOCATION (City, town, or county) (State) Springfield, Missouri					
DATE REC'D BY LOCAL REG. 5-19-49		REGISTRAR'S SIGNATURE N. F. Handley			25. FUNERAL DIRECTOR'S SIGNATURE Alma Lohmeyer		ADDRESS Alma Lohmeyer Funeral Home, Springfield, Mo.				

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Jewell E. Thudde*

Licensed Embalmer No. *2831*

P. O. Address *Springfield*

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

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