

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 29 1951

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 413

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

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1319 No. Pleasant</u> | | d. STREET ADDRESS (If rural, give location) <u>1319 No. Pleasant</u> | |

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|---|------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u> | b. (Middle) <u>MAY</u> | c. (Last) <u>NORRIS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7th, 1951</u> |
|---|------------------------|-------------------------|--|

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|----------------------|-------------------------------|---|--------------------------------------|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 18, 1884</u> | 9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mins. _____ |
|----------------------|-------------------------------|---|--------------------------------------|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Fort Scott, Kansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Robert R. Murphy</u> | 13b. MOTHER'S MAIDEN NAME <u>Jerusha Rogers.</u> | 14. NAME OF HUSBAND OR WIFE <u>William E. Norris</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs E.S.Gaines Topeka, Kansas/</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of the Liver</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>Generalized Anasarca, Abdominal</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 11/3, 1951, to 11/3, 1951, that I last saw the deceased alive on 11/5, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>W. H. Johnson</u> (Degree or title) <u>MD.</u> | 23b. ADDRESS <u>2001 South Blvd, Topeka, Kansas</u> | 23c. DATE SIGNED <u>11/9/51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 9, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodland Grove Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Indep. Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Nov. 9-1951</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dubin L. Topeka Indep. Mo.</u> |
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NOV 27 REC'D

JAN 15 1952

DEC 21 1951

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 *Dillon L. Kessler*

Licensed Embalmer No. *4225*

P. O. Address *Indep. 240*

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.