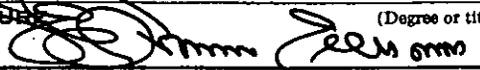


FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22307**
Registrar's No. **2798**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1001**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 1/2 yrs		5. STREET ADDRESS (If rural, give location) 1209 Euclid Avenue 3258	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		4. DATE OF DEATH (Month) (Day) (Year) 6 29 1955	
3. NAME OF DECEASED (Type or Print) a. (First) Charles	b. (Middle) A.	c. (Last) Norwood	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-19-1884
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Butcher	11. BIRTHPLACE (City and State or Foreign Country) Greenville, Arkansas
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Henry Norwood		13b. MOTHER'S MAIDEN NAME Susie McCowan	14. NAME OF HUSBAND OR WIFE Helen Norwood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 510-05-8040	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ernest Norwood 2411 N. Hallock K.C.Kans.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas. 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. 157X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 5-16-55 , 19___, to 6-29-55 , 19___, that I last saw the deceased alive on 6-29-55 , 19___, and that death occurred at 11:20 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) 		23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 6-29-55
24a. BURIAL CREMATION/REMOVAL (Specify) Burial	24b. DATE 7-1-1955	24c. NAME OF CEMETERY OR CREMATORY Westlawn	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
DATE REC'D BY LOCAL REG. 7-1-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. J. W. Jones 440 state ave. K.C.Kans.	

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

E. Frank E. 118

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.....
Signature of Student Embalmer

Signed *Eugene English*

Licensed Embalmer No. *4416*

P. O. Address *440 2nd St
K.C.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.