REC'D JUN 25 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19982
Do not use this space.

1. PLACE OF DEATH
(a) County Stoddard
(b) Township Richland
(c) City
Registration District No. 839
Primary Registration District No. 6101
Registered No. 26
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 655 Louie Cletus Norman
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geneva Norman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1910

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
29	1	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co., Mo.

FATHER
13. NAME Oscar Norman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Ada Whitson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Oscar Norman, Dexter, Mo. Rfd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hagy Cem. DATE 3/21/39, 19

19. FUNERAL DIRECTOR (NAME) Blankenship-Strickland
(ADDRESS) Dexter, Mo.

20. FILED 6-15, 1939 J P Brandon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20/39, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 1939, to 3-20, 1939
I last saw h alive on 3-20, 1939. Death is said to have occurred on the date stated above, at 8 pm m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal	19
Adenovus Hay Eff.	13
	39
	3/
Other contributory causes of importance: Ran over by Wagon	16
Name of operation none Date of	
What test confirmed diagnosis? Clinical Was there an autopsy? no	

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Ran over with Wagon
Nature of injury Injured Intestine.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J P Brandon, M. D.
(Address) Dexter Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.