

REC'D SEP 21 1939

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

29893
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township Bedales Primary Registration District No. 5032
 (c) City Bedales Mo (d) Street No. Bathmell Hosp. Registered No. 237
 (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

(a) Residence, No. 655 Ben Austin Norman St.
Cross Timbers Mo (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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21, 1878

7. AGE YEARS 60 MONTHS 9 DAYS 9 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Ben Norman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Sarah Bush

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Pinkie Norman Redlands Calif

18. BURIAL, CREMATION, OR REMOVAL PLACE Cross Timbers DATE 8/1 1939

19. FUNERAL DIRECTOR (ADDRESS) J.P. Luckey Wheatland Mo

20. FILED 7-31-1939 Mrs Harry Sneed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1939 to July 30, 1939. I last saw him alive on July 30, 1939. Death is said to have occurred on the date stated above, at 10:05 m.

The principal cause of death and related causes of importance were as follows:

chronic arteriosclerotic nephritis and chronic emphysema

Other contributory causes of importance: 121

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) MP J. J. J. M. D.
 _____ (Address) Wheatland Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/7/39

STATEMENT BY LICENSED EMBALMER

I, J.P. Luckey, Licensed Embalmer No. 2982

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed J.P. Luckey
Licensed Embalmer No. 2982

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.)