

REC'D OCT 1 1939

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

32750  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Johnson Registration District No. 431  
 (b) Township Warrensburg Primary Registration District No. 3023  
 (c) City Warrensburg (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 Minna Etta Norris  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18-1867

7. AGE YEARS 72 MONTHS 2 DAYS 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired School Teacher  
 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) Jan 8 1939 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Castle Pa

FATHER 13. NAME John Norris  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allegheny Co Pa

MOTHER 15. MAIDEN NAME Sarah A. Creese  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allegheny Co Pa

17. INFORMANT (ADDRESS) Mrs. Chas. Poive - Warrensburg - Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Sep - 9 - 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sweeney, Phillip Warrensburg, Mo

20. FILED Sept 8 1939 Edna Henthig Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep - 7 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1939, to Sept 7 1939  
 I last saw h. alive on Sept 7 1939 Death is said to have occurred on the date stated above, at 5:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Leuc - Leuk -  
Cerebral Neurorrhage  
another hemorrhage Sept 1 1939  
 Other contributory causes of importance:  
34

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) L. J. Schofield, M. D.  
 (Address) Warrensburg Mo

WRITE PLAINLY, WITH UNFADING 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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
10/14/39  
Date filed

**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.....

*Earl Powell*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Earl Powell*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg Mo*

**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.**