DEC 13 1939

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

39413
Do not use this space.

1. PLACE OF DEATH
(a) County Cooper
(b) Township or (c) City Boonville, Mo.
Registration District No. 218
Primary Registration District No. 3015 Registered No. 117
(d) Street No. Dr. Alex VanRavensway Clinic 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 Mrs. Laura Norman
(a) Residence, No. Boonville, Missouri 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 1876

7. AGE: Years 63 | Months 6 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) Buffolia (STATE OR COUNTRY) Dallas County Mo. 0

FATHER
13. NAME John Sedgewick 0
14. BIRTHPLACE (CITY OR TOWN) Hoggy (STATE OR COUNTRY) Webster County, Mo. 0

MOTHER
15. MAIDEN NAME Anna Smigth
16. BIRTHPLACE (CITY OR TOWN) Buffalo (STATE OR COUNTRY) Webster County Mo.

17. INFORMANT x Bert Sedgwick
(ADDRESS) Boonville Mo. R.R. #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill Sedalia, Mo. DATE Nov. 8 1939

19. FUNERAL DIRECTOR (NAME) L. J. Munter
(ADDRESS) Boonville Missouri

20. FILED 11-6 1939 D. C. Hooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1939 to Nov 4 1939
I last saw h. on alive on Nov 4 1939 4 P.M. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gallbladder ds. flammatio + gallstones	
1 yr	

Other contributory causes of importance: Hypostatic pneumonia

Name of operation Cholecystectomy Date of Oct 27
What test confirmed diagnosis? Operation 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. Hen Rowsway, M. D.
(Address) Boonville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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,
... File Number 10/2/35
... 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 me

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

working under my personal supervision.

Signed C. M. Ferguson

Licensed Embalmer No. 3350

P. O. Address Boonville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.