

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REGISTRATION DISTRICT NO. 496

PRIMARY REGISTRATION DISTRICT NO. 3025

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location) 7

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 40 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Brookfield
(If outside city or town limits, write "RURAL")

(d) Street No. 122 S. Monroe
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME NANCY-LOUISE-NORVELL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7 5. Color or race W

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Joseph M Norvell

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 11 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1940 hour 4:20 minute _____ M.

21. I hereby certify that I attended the deceased from March 19 1940, to March 27 1940
that I last saw him alive on March 27 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 4 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace St Joseph Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Immediate cause of death Carcinoma of Uterus

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

MOTHER FATHER

12. Name William Bailey

13. Birthplace Nashville Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Van Beelder

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Oney Norvell

(b) Address Brookfield - Mo.

17. (a) Burial (b) Date thereof 3-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield - Mo

18. (a) Signature of funeral director Hill Funeral Chapel

(b) Address Brookfield

19. (a) 4-1-40 (b) Worthman
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Dr H H Potter (M. D. or other) Dr.

Address Brookfield Mo Date signed 3/27/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 11

District File Number

APR 9

Date Filed

440-468
1940

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.....

J. H. Blacklock

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

working under my personal supervision.

Signed.....

J. H. Blacklock

Licensed Embalmer No. *2216*

P. O. Address *Brookfield 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.