FILED JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21157

Registration District No. 64 Primary Registration District No. 5100 Registrar's No. 17

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Rural - Tristoe (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)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community 65

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton

(c) City or town Rural - Tristoe (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME Lucy Ann Norman

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex fm

5. Color or race wht

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 30 (Day) 1870 (Year)

8. AGE: Years 69 Months 7 Days 5 If less than one day hr. min.

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

10. Usual occupation Wife

11. Industry or business

FATHER
12. Name Andrew J Salley
13. Birthplace (City, town, or county) Unk (State or foreign country)

MOTHER
14. Maiden name Sarah Lopp
15. Birthplace (City, town, or county) Unk (State or foreign country)

16. (a) Informant Mrs Jno Nance

(b) Address Tristoe, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/6/40 (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cem

18. (a) Signature of funeral director J R Lucker

(b) Address Wheatland Mo

19. (a) June 14, 1940 (Date received local registrar) (b) M. C. Watson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1940 hour 10 minute 00 a M.

21. I hereby certify that I attended the deceased from 4 - 22 - 40 April 22, 1940, to June 5, 1940; that I last saw her alive on June 5, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of liver	3 mo.
Due to: 124 H	
Due to:	
Other conditions: Pernicious anemia (Include pregnancy within 3 months of death)	unknown

Major findings: Of operations none

Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Gus C Salley (M. D. or other) DDO

Address Warsaw, Mo. Date signed 6-8-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-40-1027
Date Filed 7-9-40

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 J. P. Lucky

Licensed Embalmer No. 1987

P. O. Address Wheatland

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

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

No. 2B
2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21157

Registration District No. 64 Primary Registration District No. 3100 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Greatoe T. C.

(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)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

3. (a) PRINT FULL NAME Lucy Ann Norman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 5 If less than one day hours min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) June 24 1940 (Date received local registrar) (b) M. C. Watson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19, to 19;

that I last saw him alive on 19;

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Guss C Sally (M. D. or other)

Address Warsaw Mo Date signed