

FILED AUG 14 1940
1939
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3941 Flora Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 50 Years
years, months or days)

3. (a) PRINT FULL NAME Miss Victoria Howard Norris

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased February 2 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business --

12. Name Charles B. Norris

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

14. Maiden name Martha Barnett

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

16. (a) Informant Jo Lee

(b) Address 3941 Flora Avenue

17. (a) Burial (b) Date thereof July 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) July 1, 1940 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3941 Flora Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th
year 1940 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb. 1940
19 _____ to June 12 19 40
that I last saw her alive on some June 7 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerosis heart
9/10
Due to _____

Due to Hypertrophic arthritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95 B
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Delora A. Williams (M. D. or other) _____
Address 804.017 Bldg Date signed 7/2/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

806 (Professional Seal)
12-5-

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. 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.