Bankhead

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 25 1940

Registration District No. 689

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29375

Primary Registration District No. 5917

Registrar's No.

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: Pike
(b) City or town: Rural # 1 Louisiana (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:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pike
(c) City or town: RFD # 1 Louisiana (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: Georgia A Norton
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Female
5. Color or race: Black
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Jeff Norton
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: June (Month) 12 (Day) 1871 (Year)
8. AGE: Years 69 Months 1 Days 19 If less than one day hr. min.
9. Birthplace: Hannibal Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business: on farm
FATHER
12. Name: George Johnson
13. Birthplace: (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Amelia
15. Birthplace: RFD Louisiana (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Theodore Norton
(b) Address: RFD Louisiana Mo
17. (a) Mt Zion Burial (Burial, cremation, or removal) (b) Date thereof: 8-2-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Zion Pike Co Mo
18. (a) Signature of funeral director: J C Hally Jr
(b) Address: Louisiana Mo
19. (a) 8-2-40 (Date received by local registrar) (b) J C Hally Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1940 hour 4 minute 45 P. M.
21. I hereby certify that I attended the deceased from 7-31, 1940 to 7-31, 1940; that I last saw her alive on 7-31-40, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Prostration — Duration

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: J Bankhead (M. D.)
Address: Clarksville Mo Date signed: 8-2-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-40-1692
Date Filed SEP 5 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 George O. Wagner, Registered Apprentice No. ..... working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, M

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.