SEP 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29817

Registration District No. 816 Primary Registration District No. 6065 Registrar's No. 21

1. PLACE OF DEATH:

(a) County PERKINS-Scott Co

(b) City or town Mo

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

(c) Name of hospital or institution: Rural

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

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

In this community 5 Years years, months or days)

655

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

(c) City or town Perkins Mo-P.O.

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

(d) Street No. Rural Near Chaffee Mo

(If rural, give location)

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

3. (a) PRINT FULL NAME John L. Norman

3. (b) If veteran, name war — 3. (c) Social Security No.

4. Sex Male 5. Color or race White 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 5 (Month) 17 (Day) 1865 (Year)

8. AGE: Years 74 Months 1 Days 26 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name — No Information
13. Birthplace — (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name — No Information
15. Birthplace — (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Cary [redacted] Lee

(b) Address Brownwood Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 3 (Day) 1940 (Year)

(c) Place: burial or cremation Perkins Mo Cem

18. (a) Signature of funeral director Bigling Hoff Hurst

(b) Address Chaffee Mo

19. (a) 8-6-40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 28, 1940 to Aug 1, 1940 that I last saw him alive on July 30, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death senility	✓
Due to age	
Due to 162	
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? 135 (Specify type of place)

While at work? (e) Means of injury

23. Signature C. E. Lewis (M. D. ~~or other~~)

Address Bell City, Mo Date signed 8/5/40

(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.

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X19511

RECEIVED
District Health Officer No. 2,
District\File Number 940-139
Date Filed 9/4/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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