DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31328

REC'D OCT 12 1940

Registration District No. 48 | Primary Registration District No. 4028 | Registrar's No.

1. PLACE OF DEATH:

(a) County: Bates

(b) City or town: Amoret (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: 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Bates

(c) City or town: Amoret (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.? no years

3. (a) PRINT FULL NAME: Riley H. Norman

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ester Norman

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: Feb (Month) 5 (Day) 1865 (Year)

8. AGE: Years 75 | Months 7 | Days 28 | If less than one day: hr. min.

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

10. Usual occupation: Retired Farmer

11. Industry or business:

FATHER 12. Name: Moses Norman

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

MOTHER 14. Maiden name: Lucy Bosley

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

16. (a) Informant's own signature: Ester Norman

(b) Address: Amoret Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-4-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Jackson Cemetery

18. (a) Signature of funeral director: Herbert Mangold

(b) Address: Amoret Mo

19. (a) (Date received local registrar) (b) Mrs Curt Hill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2 year 1940 hour 8 minute 45 M.

21. I hereby certify that I attended the deceased from July 23, 1940 to Oct 2, 1940 that I last saw him alive on Oct 2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Bladder	1 year
Due to: Prostatick trouble	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: non

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 W Smith (M. D. or other)

Address: Amoret Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

WHITE 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.

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RECEIVED
District Health Officer No. 7,
District File Number 10-40-1494
Date Filed 10-14-40

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 Lee A Mangold, Registered Apprentice No. ..... working under my personal supervision.

Signed Lee A. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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.