

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39986

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 287

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
604 S. Spring
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 2

REC'D DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 604 S. Spring
0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18,
year 1940 hour 12:30 minute P M.
21. I hereby certify that I attended the deceased from 11-11, 1940 to 11-18, 1940;
that I last saw her alive on Nov 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis
Duration 1 wk

Due to chronic wastard infection ?

Due to _____
Other conditions (include pregnancy within 3 months of death) 89 P

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? 795

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
28. Signature W. A. ... M.D. (M. D. or other) _____
Address Nevada Mo Date signed _____

3. (a) PRINT FULL NAME Margaret Lena Norris

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Nov 23, 1873
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business Home

12. Name Adams Weber

18. Birthplace Unknown Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Fred F. Norris

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 11/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mass Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada, Mo

19. (a) 11-23-40 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

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

08
2
2

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1695

Date Filed 12-4-40

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 Lloyd B. Winsett

Licensed Embalmer No. 3857

P. O. Address Merada, 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.