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V. S. No. 2
OM-11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7

FILED MAR 19 1941
Registration District No. 7076

Primary Registration District No. 5681

Registrar's No. 7

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

1. PLACE OF DEATH:
 (a) County Livingston
 (b) City or town Hale R.F.D. #1 Grand River Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
(Specify whether years, months or days)
 In this community All life

3. (a) PRINT FULL NAME. Oscar Andrew Norris
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 Wife Mary S. Norris
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased. November 17 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 26
 If less than one day hr. min.

9. Birthplace. Chariton Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation. Retired farmer

11. Industry or business

12. Name. George Morris
18. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Mrs. Alt
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant. Mary S. Norris
(b) Address Hale Mo Route 1

17. (a) Burial Walton **(b) Date thereof** Feb 15 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director. Smiley Funeral Home
(b) Address Wheeling Mo.

19. (a) Feb 14 1941 **(b) Mrs. Cher Ludwig**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Livingston
 (c) City or town Hale R.F.D. #1 Grand River Twp.
(If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. #1
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13 year 1941 hour Two minute 30 a. m.

21. I hereby certify that I attended the deceased from four 19... to... 19...
 that I last saw him in alive on none 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Disease heart

Due to Sudden

Due to HTA

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Of operations
 Of autopsy no
 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?

23. Signature Cher Ludwig **(M. D. or other)**
 Address Chillicothe Mo. Date signed 2-13-1941

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 _____

Frank L. Smiley

Registered Apprentice No. _____

470

working under my personal supervision.

Signed _____

Frank L. Smiley

Licensed Embalmer No. _____

470

P. O. Address _____

Wheeling 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.