

No. 2
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-17-39
X23159

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13624**
Registrar's No. **1605**

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4310 Warwick
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **41 Yrs.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Annie T. Galvin Norris**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Edward Norris**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **November 12, 1882**
(Month) (Day) (Year)

8. AGE: Years **58** Months **5** Days **9**
If less than one day hr. min.

9. Birthplace **Limerick Ireland**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Thomas White**

13. Birthplace **Limerick Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Scanlon**

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

16. (a) Informant **Miss Julia M. Galvin**

(b) Address **4310 Warwick**

17. (a) **Burial** (b) Date thereof **4/24/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's Cemetery**

18. (a) Signature of funeral director **Quirk & Tobin Co.**
(b) Address **B. C. No.**

19. (a) **Apr 23 1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
4310 Warwick
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19** 19**41**
year hour minute **5:30** P.M.

21. I hereby certify that I attended the deceased from **April 19 1941**
to **April 21 1941**
that I last saw him alive on **April 21 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Due to **Arteriosclerosis**
Arterio-occlusion

Due to **Arteriosclerosis**
Arterio-occlusion

Other conditions **gastro**
(Include pregnancy within 3 months of death)

Major findings: **gastro**
Of operations
Of autopsy

Duration **1 day**
1 yr.
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?

While at work? (Specify type of place) (b) Means of injury

23. Signature **Dr. J. M. Crowe** (M. D. or other)
Address **140 1/2 Bryant St** Date signed **4/23/41**

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

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.