

No. 2  
4-13-40  
-17-39  
X223150

Registration District No. 8

Primary Registration District No. 203

Registrar's No. 36

1. PLACE OF DEATH: Benton  
 (a) County Benton  
 (b) City or town "Rural" Fristoe  
 (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  
 In this community ten years  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Benton  
 (c) City or town "Rural" Fristoe  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5 mi. So. U. S. Highway No. 65.0  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. unknown. years.

3. (a) PRINT FULL NAME John William Norton

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive XXXX years

7. Birth date of deceased Dec. 29 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>5</u>	<u>6</u>	<u>XXXXXX</u> hr. <u>XXXX</u> min.

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

10. Usual occupation merchant - retired

11. Industry or business none

12. Name unknown

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Mrs. Margie Wolfe

(b) Address Warsaw, Mo. Rural

17. (a) Burial (b) Date thereof June 6 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside

18. (a) Signature of funeral director White - Reyes  
(b) Address Warsaw, Mo.

19. (a) June 6 1941 (b) John A. Logan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th  
year 1941 hour one minute 15 A.M.

21. I hereby certify that I attended the deceased from April 15, 1941 to June 5, 1941;  
that I last saw him alive on June 4, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Septcemia  
Duration 5 days

Due to Carcinoma of Duodenam 15 mo.  
Carcinoma neck of bladder 12 mo.

Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: no operation.  
Of operations \_\_\_\_\_  
Of autopsy yes.  
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?  
65 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) DD  
Address Warsaw, Mo! Date signed 6-5-41

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

008

2008

MOTHER FATHER

OCT 23 1946  
JAN 12 1948

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1126

Date Filed 7-8-41

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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. 4098

P. O. Address W. H. S. S. S.

**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.**