

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41610

JAN 13 1942

Registration District No. 201

Primary Registration District No. 528-03012

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Old Hollow Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 years
(Specify whether years, months or days)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 100 F Home
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eva Elisabeth Norwood

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

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

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

7. Birth date of deceased Dec 6 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation at housework

11. Industry or business

12. Name William Roberts

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

14. Maiden name Mary Jones

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

16. (a) Informant Paul Rogers

(b) Address 100 F Home Liberty Mo.

17. (a) Memorial (b) Date thereof 12/31/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo.

18. (a) Signature of informant W. Rogers

(b) Address Liberty Mo.

19. (a) Dec 30-41 (b) Allen Early
(Date received local registrar) (Registrar's signature)

926 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1941 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from 10 to Dec 30 1941
that I last saw her alive on Dec 29 1941
and that death occurred on the date and hour stated above

Immediate cause of death Senility

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 16 7 8

Major findings: Of operations _____

Of autopsy _____

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? No (Specify type of place) _____ (M. D. or _____)

23. Signature J. H. Withers (M. D. or _____)
Address Liberty, Mo. Date signed 1/2/42

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed

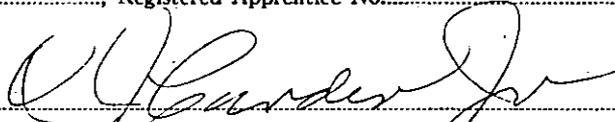
1-9-42

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. 3934

P. O. Address Liberty, 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, fact should be so stated above.