

No. 2
13-40
17-39
23189

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11201

Registration District No. 491

Primary Registration District No. 6265

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Rural Hannington
(c) Name of hospital or institution: _____
(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. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln
(c) City or town Rural 057
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ALBERT FRANK 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 Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Nov 10 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Joe Norton

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

14. Maiden name Anna Kowarek

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

16. (a) Informant J. E. Knapp
(b) Address Elberly

17. (a) Burial (b) Date thereof March 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millwood Cem.

18. (a) Signature of funeral director Wayne McCoy
(b) Address Troy Mo

19. (a) Mar. 16 - 42 (b) Miss Floy Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1942 hour 9 minute 00 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.
That I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Suicide ✓

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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

23. Signature J. E. Knapp Coroner
(M. D. or other)

Address Elberly Date signed 3/13/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically. ✓

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

57
00

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..... *Wayne McCoy*

Licensed Embalmer No..... *3586*

P. O. Address..... *Troy 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.

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STANDARD CERTIFICATE OF DEATH

State File No. 11201

Registration District No. 491

Primary Registration District No. 6265

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME Albert F. Norton

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

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

7. Birth date of deceased Nov 10 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 17 (If less than one day, in min.)

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

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

14. Maiden name.....

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

16. (a) Informant..... (b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a)..... (b)..... (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town..... (If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Day 13 Year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
..... 19.....
that I last saw him..... live on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death) 164c

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) Suicide

(b) Date of occurrence Mar. 13 1942

(c) Where did injury occur Near Hawk Point, Lincoln Co Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes, occurred about 1/8 mile from town

While at work? 270 (Specify type of place) (e) Means of injury Gun, Taylor

23. Signature P.C. Murphy (M. Cause) Cassidy
Address Clatsop, Mo Date signed 5/9/47

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

SUPPLEMENTARY

11201