

FILED MAY 14 1942

Primary Registration District No. 5276A

Registrar's No. 33

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

1. PLACE OF DEATH: *Clay*

(a) County: *Clay*

(b) City or town: *North Kansas City, Mo*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *Home*
(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 *21 years*

2. USUAL RESIDENCE OF DECEASED:

(a) State: *Mo* (b) County: *Clay*

(c) City or town: *North Kansas City, Mo*
(If outside city or town limits, write "RURAL")

(d) Street No.: *2023 Fayette St*
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME: *JOHN NORMAN*

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Apr* day *17* year *1942* hour *8:15* minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on *April 10*, 19*42* and that death occurred on the date and hour stated above.

Immediate cause of death: _____

4. Sex: *Male* 5. Color or race: *White* 6. (a) Single, widowed, married, divorced: *widowed*

6. (b) Name of husband or wife: *Anna Norman* 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: *Sept 27 1860*
(Month) (Day) (Year)

Duration _____

Due to: *Coronary Heart Disease*

Other conditions: *Possible carcinoma stomach*

Other conditions (include pregnancy within 3 months of death): _____

8. AGE: Years *81* Months *7* Days *20* If less than one day _____ hr. _____ min.

Major findings: _____

Of operations: _____

Of autopsy: _____

9. Birthplace: *Värmland 4 Sweden*
(City, town, or county) (State or foreign country)

10. Usual occupation: *Retired mechanic*

11. Industry or business: *Corn Products Refg Co*

12. Name: *Evan Norman*

13. Birthplace: *4 Sweden*
(City, town, or county) (State or foreign country)

14. Maiden name: *Era Erickson*

15. Birthplace: *4 Sweden*
(City, town, or county) (State or foreign country)

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? _____ Means of injury: _____

16. (a) Informant: *Ruth H Henry*

(b) Address: *2114 Fayette St Moke*

17. (a) *Cremation* (b) Date thereof: *Apr 20 42*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: *Elmwood Cem*

18. (a) Signature of funeral director: *Morton F. ...*

(b) Address: *Mo Kansas City Mo*

19. (a) *Apr 20 1942* (b) *Ruth H. Henry*
(Date received local registrar) (Registrar's signature)

23. Signature: *J. F. ...* (M. D. or other) _____

Address: *North Kansas City Mo* Date signed: *4/20/42*

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-13-42

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 John S. Motton

Licensed Embalmer No. 3197

P. O. Address Novel Me

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.