V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26740

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 828

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED: 11

(a) State Missouri (b) County Buchanan 1

(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")

(d) Street No. 1121 Henry Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Norton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 31, (Day) 1881. (Year)

8. AGE: Years 60 Months 9 Days 17 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Dominic Norton
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Fogarty
15. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Miss. Nell Norton
(b) Address 1121 Henry Str., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 20, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Hedenfaden
(b) Address 1802 Union Str., St. Joseph, Mo

19. (a) 8-20-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th year 1942 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from Aug 17, 1942 to Aug 18, 1942 that I last saw her alive on Aug 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneum. — Duration Aug 16/42

Due to

107

Due to

Other conditions Cerebral Hemorrhage (Include pregnancy within 3 months of death) Aug 10/42
Arterio-sc. gen. Hypertension.

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)

(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 Frank Harlegan (M. D. ~~or other~~)
Address 620 Francis St. Date signed 8/18/42

1955 (Licensed Embalmer's Statement on Reverse Side)

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 Albert C. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Missouri.

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.