

FILED DEC 7 1942
Registration District No. 179

Primary Registration District No. 1002

State File No. _____
Registrar's No. 4291

1. PLACE OF DEATH: Jackson
(a) County. Jackson
(b) City or town. Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 8 Hrs.
In this community 6.3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Jackson
(c) City or town. Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2833 Mercier
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Samuel Norton
3. (b) If veteran, name war. None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 16th
year. 1942 hour 7:00 P.M. minute M.

4. Sex. Male
5. Color or race. Wk
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Mrs. Mabel A. Norton
6. (c) Age of husband or wife if alive. 53 years
7. Birth date of deceased. December 29 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 2nd 1941 to 11-16-42, 1942, that I last saw him alive on 11-16-42, and that death occurred on the date and hour stated above.

Immediate cause of death: Squamous cell carcinoma of neck with diffuse metastases to lungs and brain

8. AGE: Years 63 Months 10 Days 17 hr. min.

Due to: JSE

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

10. Usual occupation. Traffic Manager
11. Industry or business. Lawrence Transfer Co.

12. Name. George Norton
13. Birthplace. No Record Ohio
(City, town, or county) (State or foreign country)

14. Maiden name. Sarah Smithson
15. Birthplace. No Record Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Mabel A. Norton
(b) Address. 2833 Mercier

17. (a) Burial (b) Date thereof. 11-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Memorial Park
18. (a) Signature of funeral director. State Funeral Home
(b) Address. 1901 Clatsop Bldg. N.E. Kansas

19. (a) 11-18-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations. See above
Of autopsy. See above

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?

23. Signature. Quincy P. Thore (M. D. or other)
Address. Med. Dir. K.C. Gen. Hospital Date signed.

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

MOTHER: FATHER:

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.....

Wm L. Ward

Licensed Embalmer No. 3991

P. O. Address 309 E 67th St
W. C. 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.