

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

ED MAY 5 1943  
Registration District No. 280

Primary Registration District No. 5964

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Platte

(b) City or town North Moor 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 20 yrs  
(Specify whether years, months or days)

In this community 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Platte

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

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

(e) Citizen of foreign country? 1  
(Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME LEE VERMILLION NORMAN

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

3. (c) Social Security No. 707-05-8446

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Lillie Norman

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Jan 26 1877  
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 2  
If less than one day hr. min.

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

10. Usual occupation Retired R.R. Engineer

11. Industry or business C.B. & Q. R.R. Co

12. Name W B Norman

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

14. Maiden name Maggie Vermillion

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

16. (a) Informant Mrs Lillie Norman

(b) Address North Moor MO

17. (a) Burial (b) Date thereof Apr 30 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty MO

18. (a) Signature of funeral director North Funeral Home

(b) Address Mo Kansas City, Mo

19. (a) 4-28-43 (b) Mrs Clay Lifflee  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 28 year 1943 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from April 26 1943 to April 27 1943; that I last saw him alive on April 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis resulting in aortic aneurysm

Due to .....

Due to 96

Other conditions 96  
(Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy .....

Duration

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 T. F. Lambart (M.D. or other) 10

Address Parisville, Mo Date signed 5-25-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. Platte  
District File Number 5-43-40  
Date Filed 5-3-43

901 1 1 1954

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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 F. S. Walton

Licensed Embalmer No. 2744

P. O. Address K. E. 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.