V. S. No. 2
00M—2-43
c 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27424

Registration District No. 1 SEP 7 1943 1-49

Primary Registration District No. 1002

Registrar's No. 3645

1. PLACE OF DEATH:

(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: 3200 Norledge /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: x (Specify whether)
In this community: 50 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson, 3

(c) City or town: Kansas City, 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 4416 St. John Avenue,
(If rural, give location)

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

3. (a) PRINT FULL NAME: William H. Norton

3. (b) If veteran, name war: no.

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mollie H. Norton,

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

7. Birth date of deceased: March (Month) 4 (Day) 1860 (Year)

8. AGE: Years 83 | Months 5 | Days 17 | If less than one day: hr. min.

9. Birthplace: West Virginia / (City, town, or county) (State or foreign country)

10. Usual occupation: at home,

11. Industry or business: x

MOTHER FATHER

12. Name: Thomas Norton,

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

14. Maiden name: Mary Creswell,

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

16. (a) Informant: Mrs. Orville W. Rowe,

(b) Address: 608 W. 61st. St. Ter., K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-24-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Washington Cemetery

18. (a) Signature of funeral director: Stine & McClure,

(b) Address: 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 8-23-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature) Dep

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1943 hour 8:40 minute p. M.

21. I hereby certify that I attended the deceased from Aug 10, 1943, to Aug. 21, 1943 that I last saw alive on Aug. 21, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral hemorrhage	3 days
Due to: (3a)	
Due to:	
Other conditions: Chr. myocarditis (Include pregnancy within 3 months of death)	2 yr
Major findings: Hypertrophied prostate	
Of operations: no operation	
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: Hubert Wheeler (M. D. or other)

Address: 1103 Grand Date signed: 8/23/43 Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Valentine
Prof. Bldg.

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K.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.