

Registration District No. **236**

Primary Registration District No. **6129**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Shannon**

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

(c) Name of hospital or institution: \_\_\_\_\_  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Shannon Mo**

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

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Jim Dave Norton**

3. (b) If veteran \_\_\_\_\_ name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **1**  
year **1943** hour **8** minute **13.0** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex **MO**

5. Color or race **W**

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

6. (b) Name of husband or wife **Melissa Norton**

6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **Sept 10 - 1873**  
(Month) (Day) (Year)

Immediate cause of death **Accidental shooting by 22 caliber gun**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years **67** Months **11** Days **21** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Carters Co Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Saw Milling**

11. Industry or business **Excelsior**

12. Name **John P. Norton**

13. Birthplace **Carters County, Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary B. Kinsford**

15. Birthplace **Carters County, Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **J. G. Lewis**

(b) Address **Poplar Bluff Mo**

17. (a) **Burial** (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation **Clark County**

18. (a) Signature of funeral director **Dunnear**

(b) Address **MT View Mo**

19. (a) **9-2-43** (b) **Frank Hyde M.D.**  
(Date received local Registrar) (Registrar's signature)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **9-1-43**

(c) Where did injury occur? **Excelsior Shannon Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**at Home**

While at work? **no** (Specify type of place) **accidently shot**  
(e) Means of injury \_\_\_\_\_

23. Signature **Frank Hyde** (M. D. or other) \_\_\_\_\_  
Address **Excelsior Mo** Date signed **9-2-43**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File No. 943573

Date Filed 9-17-43

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**