

FILED JUL 11 1944

Primary Registration District No. 3052

Registrar's No. 902

1. PLACE OF DEATH

(a) County Pettis
(b) City or town Sedalia Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bathwell Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
(Specify whether
In this community 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Calhoun Sedalia Mo
(If outside city or town limits, write "RURAL")
(d) Street No. in town
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME

Walter C. Norvell

MEDICAL CERTIFICATION

DATE OF DEATH: Month 6 day 16 year 1944 hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from April 18 1944 to June 16 1944
that I last saw him alive on June 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Edema Corneum of Prostate Gland

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 51 lb

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Sedalia Mo Date signed 6/16/44

MOTHER FATHER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Allice 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased (Month) (Day) (Year) 10 - 5 - 75

8. AGE: Years 65 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Calhoun Mo (City, town, or county) (State or foreign country)

10. Usual occupation Laundry artist

11. Industry or business _____

12. Name Robt. J. Norvall

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

14. Maiden name MARY JANE MEYERS

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

16. (a) Informant Allice Norvall
(b) Address Calhoun Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calhoun Mo

18. (a) Signature of funeral director Fred Wellman
(b) Address Calhoun Mo

19. (a) 6-16-44 (Date received local registrar) (b) Mrs Anna Dyer (Registrar's signature)

1022

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

064

1102 E 16th St

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-18-44

JUL 17 1944

618 E Broad

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.....

Fred Wilkinson

Licensed Embalmer No.....

2478

P. O. Address.....

Clinton 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.