

S. No. 2
M-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27528

FILED SEP 13 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 3014

Registrar's No. 74

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

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
36 Moss St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 33 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 24

(a) State Missouri (b) County Clay

(c) City or town Liberty
(If outside city or town limits, write "RURAL")

(d) Street No. 36 Moss Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Jessie Blythe Norton

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1944 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from June
_____, 1943 to Aug 3, 1944
that I last saw her alive on Aug 1, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased January 14 1895
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarction Duration 3 min

Due to Cardiac Compression } Underline the cause to which death should be charged statistically.

Due to Scoliosis & Kyphosis (Extreme) from Ant. Poliomyelitis } 40 yrs ago

Other conditions _____

8. AGE: Years Months Days If less than one day

49 6 19 hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name William F. Norton

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

14. Maiden name Maude Force

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

16. (a) Informant Mrs. W.C. Crawford

(b) Address 38 Terrace Ave. Liberty, Mo.

17. (a) Burial (b) Date thereof Aug. 5, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Memorial, Liberty, Mo.

18. (a) Signature of funeral director O.J. Carder Jr.

(b) Address 119 E. Franklin St. Liberty, Mo.

19. (a) August 5, 1944 (b) Nelen Early
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

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 Blenni W. Hendren (M. D.)
Address Liberty, Mo. Date signed 8/5/44

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 9-12-44

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 J. C. Carter Jr.
Licensed Embalmer No. 3934
P. O. Address Liberty, 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.