

S. No. 2
M-542
v. 5-17-39
X32873

28885

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 9 1944

Registration District No. 229

Primary Registration District No. 4471

Registrar's No. 2

1. PLACE OF DEATH: **Saline**

(a) County **Gilliam, Mo. R.F.D.**

(b) City or town **Gilliam, Mo. R.F.D.**
(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 **none**
all his life (Specify whether)

In this community **all his life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Saline**

(c) City or town **R.F.D. Gilliam, Mo.**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME **Daniel Nicholas Norvell**

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

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **9th**

year **1944** hour **4** minute **P** M.

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **17** years

7. Birth date of deceased **October--17-1851**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 1st 1944 to Aug 9th 1944**

that I last saw him alive on **Aug 7th 1944**

and that death occurred on the date and hour stated above.

Immediate cause of death **perilous & critical for a week**

Duration

8. AGE: Years **92** Months **9** Days **22**

If less than one day hr. min.

Due to **Decayed had been confined to bed & organization**

Due to **Heart & pneumonia**

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Saline Co. Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

Major findings: Of operations **1700**

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name **Daniel S. Norvell**

13. Birthplace **Va. /**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Guerrant**

15. Birthplace **Va. /**
(City, town, or county) (State or foreign country)

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?

16. (a) Informant **Mrs. Edna Lee**

(b) Address **Gilliam, Mo.**

17. (a) **Burial** (b) Date thereof **8-11-'44**
(Burial, cremation, or removal) (Month) (Day) (Year)

Gilliam, Mo.

(c) Place: burial or cremation **Hill Brothers**

18. (a) Signature of funeral director **Slater, Mo.**

(b) Address

19. (a) **Aug 12 1944** (b) **Mrs. John Gage**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (a) Means of injury **0**

23. Signature **A. L. Miller** (M. D. or other)

Address **Gilliam, Mo. Aug 9 1944** Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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District File Number
Late Filed 9-8-44

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 A. C. Hill
Licensed Embalmer No. 3090
P. O. Address Slater 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.