

FILED DEC 22 1944

Registration District No. 149

Primary Registration District No. 1002

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: 2142 Madison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX 1
31 years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2142 Madison 1
(If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HARRY D. NORMAN

3. (b) If veteran, name war No

3. (c) Social Security No. 495-05-5971

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11th year 1944 hour 10: minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 11, 1944 to Dec 11, 1944

4. Sex Ma 5. Color or race Wh

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

6. (b) Name of husband or wife Edna Norman

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased July 1901
(Month) (Day) (Year)

that I last saw him alive on Dec 8, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 5 Days 4
If less than one day _____ hr. _____ min.

Immediate cause of death Coronary thrombosis - few minutes
Chronic
Due to myocarditis with angina pectoris 6 weeks
Due to _____

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

10. Usual occupation Painter

Other conditions Periodic severe
(include pregnancy within 3 months of death)
alcoholic spasms.

11. Industry or business _____

12. Name James Norman

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

14. Maiden name Brina Harmon

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

Major findings:
Of operations 93 d.

Of autopsy _____

16. (a) Informant Mrs. Edna Norman

(b) Address 2142 Madison

17. (a) Burial (b) Date thereof 12-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

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

(a) Accident, suicide, or homicide (specify) no.

(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? _____

18. (a) Signature of funeral director J.W. Wagner
Kansas City, Mo.

(b) Address _____

19. (a) 12-13-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury ⊙

23. Signature D.P. Klehman M.D. (M. D. or other)
Address 615 Argyle Bldg Date signed 12-12-44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

KC Mo

copy
11 - 3126

946
346

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.