

FILED APR 2 1946 STANDARD CERTIFICATE OF DEATH

State File No. **9597**
1340
Registrar's No. _____

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:
General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 mos. 9 days**
(Specify whether
In this community **23 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2033 Bellevue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Porter Norman

3. (b) If veteran,

name war **yes No**

3. (c) Social Security

No. **319-09-3248**

4. Sex **Male**

5. Color or race **Negro**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **April 14, 1912**
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
33	11	3	hr. _____ min.

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

10. Usual occupation **None**

11. Industry or business **None**

12. Name **Andrew Norman**

13. Birthplace **Middletown, Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Maudie Sanders**

15. Birthplace **Clinton, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Medical Records Librarian**

(b) Address **General Hospital #2**

17. (a) Burial, cremation, or removal **Burial** (b) Date thereof **3 21 46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Springfield, Missouri**

18. (a) Signature of funeral director **Walter B. ...**

(b) Address **1729 Lydia Ave**

19. (a) 3-19-46 (Date received local registrar) (b) **S. Eldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **17**, year **1946** hour **8**: minute **05 P.** M.

21. I hereby certify that I attended the deceased from **January 8, 1946**, to **March 17, 1946**; that I last saw him alive on **March 17, 1946**; and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **Hydronephrosis**

Due to **Mucoid Polyp of Bladder**

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 **0**

23. Signature **S. Eldine Holmes** (M. D. or other) **3/18/46**

Address **General Hospital #2** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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. Jerome Manlove*.....

Licensed Embalmer No. *3994*.....

P.O. Address *2503 Highland*.....

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.