S. No. 2
—12-45
5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37117

State File No. 37117

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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: 2807 BENTON BLVD (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 3 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL") 3
(d) Street No.: 2807 BENTON BLVD. (If rural, give location) 8 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: SARAH ALICE NORRIS
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, ~~married~~, ~~divorced~~: WIDOWED
6. (b) Name of husband or wife: MR. WILLIAM M. NORRIS
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: AUGUST (Month) 7 (Day) 1867 (Year)

8. AGE: Years 79 Months 3 Days 0 If less than one day hr. min.

9. Birthplace: LUDINGTON (City, town, or county) MICHIGAN (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business: AT HOME

MOTHER FATHER
12. Name: JESSE NEIDIG
13. Birthplace: STARK COUNTY (City, town, or county) OHIO (State or foreign country)
14. Maiden name: SARAH MEYERS
15. Birthplace: UNKNOWN (City, town, or county) MARYLAND (State or foreign country)

16. (a) Informant: MISS RUTH E NORRIS
(b) Address: 2807 BENTON BLVD
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: NOV 9 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: LEES SUMMIT CEMETERY LEES SUMMIT, MISSOURI
18. (a) Signature of funeral director: D. W. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD
19. (a) 11-9-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 7TH year 1946 hour 2 minute 45 A.M.
21. I hereby certify that I attended the deceased from Aug 2nd 1946 to Nov 7th 1946 that I last saw him alive on Oct 17th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	2 yrs
Due to: Hypertension Atherosclerosis	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 93 D	
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: 8
23. Signature: James D. Smith (M. D. or other)
Address: 318 Professional Bldg. Date signed: 11/7/46
K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

318 Vrs Licensed Bldg.
10:30 P.M.

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 Earl Rapp

Licensed Embalmer No. 3458

P. O. Address K. C. 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.