

S. No. 2
1-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3733

State File No. _____

FILED FEB 10 1947
Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada

(c) Name of hospital or institution:
715 North Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 43 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon / 08

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

(d) Street No. 715 North Main 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME HAZEL BELL NORRIS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Fm / 5. Color or race white

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

6. (b) Name of husband or wife Sidney Norris

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased January 9 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>11</u>	<u>28</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own home

12. Name David Glimpse

13. Birthplace Bloomington Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Elsie Starkey

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant S. W. Kaines

(b) Address 715 N. Main, Nevada, Missouri

17. (a) Burial (b) Date thereof Jan. 9, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Ferry Fun. Home

(b) Address Nevada, Missouri

19. (a) 2-1-47 (b) Walter J. Jansky
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1947 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 24, 1947, to Jan. 7, 1947
that I last saw her alive on Jan. 6 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left lung

Duration 1 yr

Due to _____

Due to _____

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

Major findings: Of operations 47D

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature F. D. Martens (M. D. or other) MD
Address Nevada Date signed 1-13-47

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

MOTHER FATHER

64-5-1
Date Filed
District of Columbia
D.C. No. 1-47-38
RECEIVED

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 Ma
....., Registered Apprentice No.

working under my personal supervision.

Signed L. B. Ferry
.....

Licensed Embalmer No. 1960
.....

P. O. Address Nevada, Missouri
.....

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.