

S. No. 2
M-8-13
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18018**

BUREAU OF THE CENSUS
FILED MAY 29 1947

Registration District No. **175**

Primary Registration District No. **5646**

Registrar's No. **42**

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

1. PLACE OF DEATH: **Lawrence**
 (a) County **Lawrence**
 (b) City or town **R # 1 Marionville**
(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: _____
(Specify whether
 In this community: **Life time**
years, months or days)

3. (a) PRINT FULL NAME **George Henry Norris**
 3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Rachel** 6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased: **June 16 1882**
(Month) (Day) (Year)

8. AGE: Years **64** Months **10** Days **25** If less than one day
hr. min.

9. Birthplace: **Lawrence County**
(City, town, or county) (State or foreign country)
Farmer

10. Usual occupation: **Farmer**

11. Industry or business: _____

12. Name: **Alvin D. Norris**
Kentucky

13. Birthplace: _____
(City, town, or county) (State or foreign country)

14. Maiden name: **Ellen Keast**

15. Birthplace: **England**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Leonard Norris**
 (b) Address: **Billings, Mo.**

17. (a) **Burial** (b) Date thereof: **5-11-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Mt. Olive**

18. (a) Signature of funeral director: **J. B. Curridge**
 (b) Address: **Marionville, Mo.**

19. (a) **May 14 1947** (b) **Geo. Mc Natt**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Lawrence**
 (c) City or town **R # 1 Marionville**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **9**
 year **3** hour **25** minute **8** A. M.

21. I hereby certify that I attended the deceased from **March 21**, 19**47**, to **May 9**, 19**47**;
 that I last saw him alive on **May 9**, 19**47**;
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral hemorrhage**
 Due to: **arteriosclerosis**
Hypertension

Duration
18 hrs
unk
unk

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations: _____
 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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature: **Charles A. Spears** (M. D. or other) **MR**
 Address: **Billings, Mo** Date signed: **5-10-47**

RECEIVED

District Health Officer No. 6,

District File Number 547-540

Date Filed MAY 22 1947

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..... *Herman Burridge*

Licensed Embalmer No. 3072

P. O. Address..... *Marionville, 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.