

No. 2
-12-45
-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22020**

FILED JUN 18 1947

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 198

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mos. 23 das.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94

(c) City or town Esther 0
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown 0
(If rural, give location)

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

3. (a) PRINT FULL NAME WILLIS CONRAD NORWINE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Jane Springer

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

7. Birth date of deceased November 5, 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>6</u>	<u>24</u>	hr. min.

9. Birthplace Forcherenault - (Washington Co.) Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation General merchandise and grocery owner.

11. Industry or business

12. Name Conrad Norwine

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

14. Maiden name Elenor Nellie Christopher

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 5-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview Cem., Farmington, Mo.

18. (a) Signature of funeral director Sparks Funeral Home

(b) Address Flat River, Missouri

19. (a) 6-16-47 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1947 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan. 6, 1947, 19 to May 29, 1947, 19 that I last saw him alive on May 29, 1947, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Stenocardia
myocardial infarction

Due to

Due to

Other conditions Simple Psychosis 2 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: 97

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 James P. Smith (M. D. or other) 0
Address Farmington Date signed 5/10/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 647-831
Date Filed 6-17-42

JUN 19 1942

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 *Murphy L. Sparks*
Licensed Embalmer No. *4236*
P. O. Address *Flat River, 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.