

V. S. No. 2  
 OOM-5-43  
 Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

FILED SEP 8 1947

UNITED STATES BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 27861

Registrar's No. 3707

Registration District No. 149

Primary Registration District No. 1002

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

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:  
1316 McGee  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution no. (Specify whether  
 In this community 24 years (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME John H. Norton  
 3. (b) If veteran, name war. no. 3. (c) Social Security No. no.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Mrs. Hazel A. Norton  
 6. (c) Age of husband or wife if alive 49 years  
 7. Birth date of deceased February 20, 1877  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 6 9 hr. min.

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

10. Usual occupation Hotel Manager  
 11. Industry or business X

MOTHER FATHER  
 12. Name James Henry Norton  
 13. Birthplace unknown 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Travis  
 15. Birthplace unknown 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel A. Norton  
 (b) Address 1316 McGee, Kansas City, Mo.  
 17. (a) burial (b) Date thereof 8-30-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Stine & McClure  
 (b) Address 3235 Gillham Plaza, K. C., Mo.  
 19. (a) 8-29-47 Deraldine Holmes  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 3  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1316 McGee 8  
 (If rural, give location) no. 0  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29  
 year 1947 hour 6:05 minute A. M.  
 21. I hereby certify that I attended the deceased from Aug 29 1947  
 to Aug 28 1947  
 that I last saw him alive on Aug 28 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Laugrene of Foot Duration 2 weeks  
 Due to arteriosclerosis + thrombosis 10 yrs.  
 Due to Multifocal Cerebral thrombosis 7 yrs.  
 Other conditions (include pregnancy within 3 months of death)  
 Major findings:  
 Of operations 83 b  
 Of autopsy 83 b  
 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  
 Signature Lucile M. Norton (M. D. or other) MD  
 Address 636 Pr. Bldg. Date signed 8/29/47

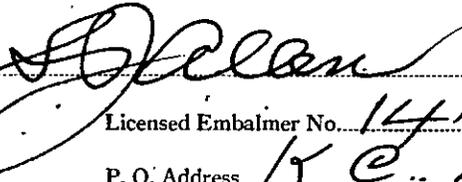
Dr. Cecil Kohn, 1117 Grand

**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



Licensed Embalmer No. 1410

P. O. Address K. E. M. S.

**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.**