FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 18 1947

Registration District No. 224

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 38974

Registrar's No. 67

68

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Latham Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau

(c) City or town Tipton
(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 .....

3. (a) PRINT FULL NAME GEORGIA LYNN NORMAN

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F 1

5. Color or race F

6. (a) Single, widowed, married, divorced 0

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

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

7. Birth date of deceased 10 (Month) 23 (Day) 1947 (Year)

8. AGE: Years | Months | Days | If less than one day 8 hr. ..... min.

9. Birthplace Moniteau, California, Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Nelson Norman 0
13. Birthplace Moniteau County, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marion Lowe
15. Birthplace Cooper County 0
(City, town, or county) (State or foreign country)

16. (a) Informant Nelson Norman
(b) Address Tipton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem.

18. (a) Signature of funeral director Williams Funeral Home
(b) Address California Mo

19. (a) 10-25-47 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature) 207

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1947 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from Oct 23, 1947, to Oct 23, 1947
that I last saw her alive on Oct 23, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congenital patent interventricular	8 hours
Due to Septum	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 157E
Of autopsy

PHYSICIAN
Underline the cause of 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 0

23. Signature Kenyon Latham (M. D. or other) M. D.
Address California, Mo. Date signed 10-25-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9.
District File Number
Date Filed 11-17-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed, ~~by me, or by~~ ..... Registered Apprentice No. ..... ~~working under my personal supervision.~~

Signed N E Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California Me.

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 67

1. PLACE OF DEATH:

(a) County Montegia

(b) City or town California
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town Tipton Mo.
(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

3. (a) PRINT FULL NAME Georgia L. Norman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 23 (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 23 year 1947 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY 3

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

38974