No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7912

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 358

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 104½ South 3rd St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: home (Specify whether)
In this community: 12 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 104½ South 3rd St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: John C. S. Norman
3. (b) If veteran, name war: Spanish American
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June 13, 1877 (Month) (Day) (Year)
8. AGE: Years 70 | Months 8 | Days 18 | If less than one day: hr. min.
9. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
10. Usual occupation: unknown
11. Industry or business: unknown
FATHER 12. Name: unknown
FATHER 13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
MOTHER 14. Maiden name: unknown
MOTHER 15. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant: American Red Cross
(b) Address: 813 Francis St, St. Joseph, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Leavenworth, Ks
18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.
19. (a) 3-25-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1948 hour 4 minute A.M.
21. I hereby certify that I attended the deceased from March 1st 48, 19..., to ..., 19...; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.

Viewed

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: yes	

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? (c) Means of injury:
23. Signature: B. W. Tadlock (M. D. or other) Coroner
Address: King Hill Bldg St. Joseph, Mo. Date signed: 3/5/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 30 1948

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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.