

S. No. 2
M-8-43
5-17-39
X37823

15908

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 17 1948

Registration District No. 108

Primary Registration District No. 4179

Registrar's No. 15

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

5
4
0

1. PLACE OF DEATH: Dunklin
 (a) County Senath
 (b) City or town Senath
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dunklin 35
 (c) City or town Senath 4
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME William Adolphus Norman
 3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 5, year 1948 hour. minute. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Effie Lena Norman 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased Nov. 16, 1883
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 2, 1948 to May - 3, 1948; that I last saw him alive on May 2, 1948 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>64</u>	<u>5</u>	<u>19</u> hr. min.

Immediate cause of death Myocarditis Duration

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

Due to.....
 Due to.....

10. Usual occupation Blacksmith

Other conditions (Include pregnancy within 3 months of death) None

11. Industry or business Same

Major findings: Of operations Physician
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

12. Name Thomas Unknown Norman
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Barnett 9
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. D. Norman
 (b) Address Senath, Missouri

17. (a) Burial (b) Date thereof May 7, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Senath, Cemetery

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?.....

18. (a) Signature of funeral director Robert E. Martin
 (b) Address Senath, Mo
 19. (a) 5-8-1948 (b) Mrs. J. N. Ramsey
 (Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury.....
 23. Signature Robert E. Martin (M. D. or other) 0
 Address Senath, Mo Date signed 5-8-48

JUN 23 1919

RECEIVED

District Health Office No. 2,

District File Number 548-622

Date Filed 5-13-48

DEC 15 1954

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 A. J. McDaniel

Licensed Embalmer No. 2093

P. O. Address Sumner, 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.