. No. 2
I—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 1 ; 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Hyde 18415

State File No.

Registration District No. 336 Primary Registration District No. 6128 Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Eminence
(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 (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon 101

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

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

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John William Norton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 17 (Day) 1883 (Year)

8. AGE: Years 65 Months 3 Days 26 If less than one day hr. min.

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

10. Usual occupation Merchant & Farmer

11. Industry or business

FATHER
12. Name John P Norton 0
13. Birthplace Audrian Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Kinnard 0
15. Birthplace Carter Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant M M Jones
(b) Address Eminence, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation New Summers Cemeter y

18. (a) Signature of funeral director Duncan Funeral Home
(b) Address Mountain View, Mo

19. (a) 6-7-48 (Date received local registrar) (b) Mabel Rall 301 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1948 hour 11 minute 30 p M.

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

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94	
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 0

23. Signature Frank Hyde (M. D. or other)
Address Eminence Date signed ~~[illegible]~~ 5-14-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-9-48
District Health Officer No. 5,
District File Number 648387
Date Filed 6-11-48

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 Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address Mtn. View, 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.