No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28072

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7597

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1509 So. 39th St.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Craighead 999

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

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

(e) Citizen of foreign country? NR (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rena R. Norman

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March (Month) 8 (Day) 1894 (Year)

8. AGE: Years 54 Months 5 Days 21 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Lewis
13. Birthplace (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Betty Carter
15. Birthplace (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Robert Norman
(b) Address Nettleton, Ark.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Jonesboro, Ark.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) AUG 30 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29 year 1948 hour 12 minute 11 P M.

21. I hereby certify that I attended the deceased from 7.26.48, 19 , to 7.30, 1948; that I last saw her alive on 7.30, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death (1) Tuberculosis, Pulmonary (pos. chest plate, pos. sputum)	+3 yr
~~Due to~~ (2) Basal cell ca rt malar region involving orbit, recurrent	+6 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Recurrent basal cell Co.

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 Joseph E. Flynn (M. D. or other) M.D.

Address Barnard Skin & Cancer Hosp Date signed 29 Aug 48

(Licensed Embalmer's Statement on Reverse Side)

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.