

FILED FEB 3 1949

STANDARD CERTIFICATE OF DEATH

3890

State File No.

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6269 Registrar's No. 4

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| 1. PLACE OF DEATH a. COUNTY <u>Webster</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Ozark township</u> | | d. STREET ADDRESS (If rural, give location) <u>Ozark township</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Salena</u> b. (Middle) <u>-</u> c. (Last) <u>Norris</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8 1949</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Sept. 5-1852</u> | 9. AGE (In years last birthday) <u>96</u> | IF UNDER 1 YEAR | IF UNDER 1 MONTH | IF UNDER 1 HOUR | IF UNDER 1 MIN. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Indiana</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |

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| 13a. FATHER'S NAME <u>Andrew Colliver</u> | 13b. MOTHER'S MAIDEN NAME <u>Perlina Masterson</u> | 14. NAME OF HUSBAND OR WIFE <u>George Norris</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>x</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. P.J. Schmitz</u> | ADDRESS <u>Marshfield, Mo.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial Insufficiency</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Year</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Muscular Atrophy due to Senility</u> | | |
| | DUE TO (c) <u>None</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>422.2</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from May 25, 1935, to Jan 8, 1949, that I last saw the deceased alive on Jan. 7, 1949, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>C.R. Macdonnell, M.D.</u> | 23b. ADDRESS <u>Marshfield, Mo.</u> | 23c. DATE SIGNED <u>Jan. 8, 1949</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Jan. 9-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY. <u>Bloomfield</u> | 24d. LOCATION (City, town, or county) (State) <u>Bloomfield, Iowa</u> |
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| DATE REC'D BY LOCAL REG. <u>1-28-49</u> | REGISTRAR'S SIGNATURE <u>J. Francis</u> 392 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alex. J. J. J.</u> ADDRESS <u>Marshfield, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 6,
District File Number 149-112
Date Filed 1-31-49

FEB 3 1949
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Alex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.