. No. 300
. 10.48

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

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41246

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5167

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL HOSPITAL #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 1422 Campbell Street

3. NAME OF DECEASED (Type or Print)
a. (First): REUBEN
b. (Middle): AUGUSTUS
c. (Last): NORRIS

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 4 1949

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEBRUARY 14 1897
9. AGE (In years last birthday): 52 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JANITOR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CORSICANA, TEXAS
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: ANDERSON NORRIS
13b. MOTHER'S MAIDEN NAME: JOHNANNA Scott
14. NAME OF HUSBAND OR WIFE: LILLIAN NORRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 315-05-4985
17. INFORMANT'S SIGNATURE OR NAME: LILLIAN NORRIS — **ADDRESS**: 1422 Campbell Street

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) CARCINOMA OF RECTUM WITH METASTASIS TO LIVER AND LUNG

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 153X
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-2-, *19* 49 *to* 12-4-, *19* 49, *that I last saw the deceased alive on* 12-4-, *19* 49 *and that death occurred at* 11:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. Frank Ellis (Degree or title) M.D.
23b. ADDRESS: 600 East 22nd Street
23c. DATE SIGNED: 12-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-8-49
24c. NAME OF CEMETERY OR CREMATORY: Lincoln Cem
24d. LOCATION (City, town, or county) (State): Kansas City MO

DATE REC'D BY LOCAL REG.: 12-6-49
REGISTRAR'S SIGNATURE: Geraldine Holman
25. FUNERAL DIRECTOR'S SIGNATURE: C. Sterling Gillis — **ADDRESS**: 1212 Vine

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Signed E. Sterling Bell

Signed _____
Student Embalmer

Licensed Embalmer No. 3178

P. O. Address 1242 [illegible]

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.