

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1310  
386

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>57 50 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>532 East 54th</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>	b. (Middle) <b>B</b>	c. (Last) <b>Norberg</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 23, 1950</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 11, 1872</b>	9. AGE (in years last birthday) <b>77</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Physician</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Physician</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>ANDREW GESSIL NORBERG</b>	13b. MOTHER'S MAIDEN NAME <b>ANNA ERICKSON</b>	14. NAME OF HUSBAND OR WIFE <b>Janette Norberg</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>None</b>	16. SOCIAL SECURITY NO. <b>488-09-5545</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Janette Norberg</b>	ADDRESS <b>532 East 54th</b>
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18. CAUSE OF DEATH (Give only one cause per line for (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b>		Interval <b>5 yrs +</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Arteriosclerosis</b>		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma of tongue 4201</b>	

19a. DATE OF OPERATION <b>No</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>No</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 14, 1950**, to **Jan 23, 1950**, that I last saw the deceased alive on **Jan 23, 1950**, and that death occurred at **7:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph E. Welker (Degree or title)</b>	23b. ADDRESS <b>836 Prof Bldg. K.C. Mo.</b>	23c. DATE SIGNED <b>1-24-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN 26 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT WASHINGTON</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-26-50</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stine &amp; McClure</b>	ADDRESS <b>Kansas City, Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri  
County of Jackson } SS.

State File No. 1310-50  
Local Registrar's No. 386

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this 24th day of February, 1950, before me appears Mrs. Janette

Norberg, who, upon her oath, states that the original record of <sup>birth</sup> death

for George B. Norberg, died January 23, 1950, 19    , in the State of

Missouri, and which was filed at Kansas City, Mo. on 1-26-50, 19    , should be corrected as follows:

Item No. 1-c should read 57 years

Instead of 50 years

Item No. 13-a should read Andrew Norberg

Instead of Geo. L. Norberg

Item No. 13-b should read Anna Erickson

Instead of Unknown

Item No. 15 should read Yes -- Spanish-American War

Instead of No

Item No. 16 should read #486-09-5546

Instead of None

Item No. 24-b should read 1-26-50

Instead of 1-25-50

Item No.      should read     

Instead of     

Item No.      should read     

Instead of     

Item No.      should read     

Instead of     

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Mrs. Janette Norberg wife  
Relationship     

532 East 54th St.  
Present Address.

Subscribed and sworn to before me this 24th day of February, 1950

My Commission expires February 6, 1952  
Loabel Curby Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.