

APR 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11600
Do not use this space.

1. PLACE OF DEATH

(a) County Monticello
(b) Township Walden
(c) or City California

Registration District No. 571

Primary Registration District No. 4335

Registered No. 16

(e) Length of residence in city or town where death occurred (If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Dr Horace H Norman St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha C Norman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 - 1870

7. AGE YEARS 68 MONTHS 5 DAYS 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. February
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Monticello Co Mo (STATE OR COUNTRY)

13. NAME John B Norman

14. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY)

15. MAIDEN NAME Rose Ann Senior

16. BIRTHPLACE (CITY OR TOWN) Pettie Co Mo (STATE OR COUNTRY)

17. INFORMANT Mrs H H Norman (ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Bur DATE 3/14 1938

19. FUNERAL DIRECTOR (NAME) Bellegun & Friedman (ADDRESS) California Mo

20. FILED 3-21- 1938 H R Pope Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1939 to Mar 12 1939

I last saw him alive on Mar 12 1939. Death is said

to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma
Stomach

Date of onset
1 yr
ago

Other contributory causes of importance: Hb

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) L. L. Fontana M. D.

(Address) California

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

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, above space should be left blank.