

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 23 1944

Registration District No.

Primary Registration District No.

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Monticau  
(b) City or town Pilot Grove, Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Larkin, H. Norman

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married: divorced married

6. (b) Name of husband or wife Cordelia Norman 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased June 7 1861 (Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Monticau (City, town, or county) MO (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John B. Norman

13. Birthplace Peoria (City, town, or county) MO (State or foreign country)

14. Maiden name Roadman

15. Birthplace Johnson Co (City, town, or county) MO (State or foreign country)

16. (a) Informant Mr. L.H. Norman

(b) Address California

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/44 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director William F. Friedman

(b) Address California

19. (a) 4/24/1944 (Date received local registrar) (b) Mr. H. J. Sullivan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monticau  
(c) City or town Rural (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1944 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Dec 25 1943 to April 21 1944  
that I last saw him alive on April 20 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 10 years

Due to Chronic nephritis 2 years

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 131R

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Kenneth Latham (M. D. or other) \_\_\_\_\_

Address California Date signed 4-23-44

SEP 8 1954

RECEIVED

District Health Officer No. 9,

District File Number 5-44-

Date Filed 5-9-0-44

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 H. E. Friedmeyer  
Licensed Embalmer No. 2854  
P. O. Address California 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.