

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42535**

DEC 13 1941 **576**

Registration District No.

Primary Registration District No. **5773**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Monteau**
(b) City or town
(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
(Specify whether years, months or days) **50 year**

3. (a) PRINT FULL NAME **Minnie Eliza Norman**

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

4. Sex **Female** 5. Color or race **N** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lee Norman** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **Dec 5 1869**
(Month) (Day) (Year)

8. AGE: Years **71** Months **11** Days **28**
If less than one day hr. min.

9. Birthplace **Miller Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

12. Name **Abderson Allen**

13. Birthplace **Monteau Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Kathryn Colard**

15. Birthplace **Monteau Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **G. L. Norman**

(b) Address **California Mo**

17. (a) **Buried** (b) Date thereof **12/3/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Masonic Cemetery**

18. (a) Signature of funeral director **Charles & Freeman**

(b) Address **California Mo**

19. (a) **12/4/41** (b) **Margaret Martine**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monteau**
(c) City or town
(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 **December** day **3rd**
year **1941** hour **about 5** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Dead when first seen** to **19**;
that I last saw him alive on **19**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Cardiac Disease** **10-15 yr**
Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93d**

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 **Keryn Latham** (M. D. or other) **Coroner**

Address **California, Mo** Date signed **12/4/41**

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

HE Friedmayer

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42535
~~42536~~
State File No.
Registrar's No.

Registration District No. 576

Primary Registration District No. 5773A

1. PLACE OF DEATH:

- (a) County Moniteau
(b) City or town Rural - Harrison Twp.
(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 _____ (Specify whether)
In this community 50 years years, months or days

3. (a) PRINT FULL NAME Minnie Eliza Norman

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 5 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 8 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

- (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Moniteau
(c) City or town Rural - Harrison Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
that I have seen him _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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)
(c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

