. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9158

FILED MAR 22 1945

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 254

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9-11-3
In this community 4 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray
(c) City or town Hardin 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

3. (a) PRINT FULL NAME Rossia Norris

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 Married
6. (b) Name of husband or wife Wilburn Norris
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 22 (Day) 1889 (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	5	11	hr. min.

9. Birthplace Ray Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Charles Robinson
13. Birthplace Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Davenport
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant William Norris
(b) Address Hardin Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond Mo
18. (a) Signature of funeral director E Thurman
(b) Address Richmond Mo.
19. (a) 3-6-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 3
year 1945 hour 3 minute 50 P M.

21. I hereby certify that I attended the deceased from Jan 1st 1944, to Mar 3 1945
that I last saw her alive on Mar 3 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hernia of mesentery and gangrene of mesentary	1 dy
Due to don't know what caused the hernia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature E E Cousins (M. D. or other)
Address State Hospital #2 Date signed 3/5 1945

1311

(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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed E. Thurman

Licensed Embalmer No. 2077

P. O. Address Richmond 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.