

FILED MAR 12 1940

Registration District No. 218

Primary Registration District No. 2001

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Dreux
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 700 N. National
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 years years, months or days

3. (a) PRINT FULL NAME JAMES DOWNDON NEWTON

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella P. Newton 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April 16, 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Wright County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Andrew Newton

13. Birthplace Wright Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Jane Critcher

15. Birthplace Wright Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sam Stout

(b) Address 700 N. National Springfield, Mo.

17. (a) Burial (b) Date thereof Feb. 29, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John

18. (a) Signature of funeral director H. C. Williams

(b) Address Springfield, Mo. 290

19. (a) 2/28/40 (b) Chas. A. George
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
(c) City or town Rural
(If outside city or town limit, write "RURAL")
(d) Street No. Mansfield Route # 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th
year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1/17/40, 19____, to 2/27/40, 19____;
that I last saw him alive on 2/26/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration due to coronary sclerosis

Due to _____

Due to _____

Other conditions 92C
(Include pregnancy within 5 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) (e) Means of injury _____

23. Signature J. B. Lemmon (M. D. or other) _____

Address Springfield, Mo. Date signed 2/28/40

Duration

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9
3
6

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.....
See....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

R. M. Williams

Licensed Embalmer No.....

3688

P. O. Address.....

St. M.

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.

X