S. No. 2
—11-10-39
5-17-39
P I X21492

84

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7820

Registration District No. 788

Primary Registration District No. 5929

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Polk

(b) ~~City or town~~ Rural Jackson 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 V (Specify whether

In this community 88 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Rural

(If outside city or town limits, write "RURAL")

(d) Street No. Walnut Grove R.F.D #1

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ruth Ann Newland

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife L. M. Newland.

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Aug — 9 — 1843 (Month) (Day) (Year)

8. AGE: Years 97 Months 6 Days 22 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business Keeping house

FATHER
12. Name Jonas L. King
13. Birthplace Tenn Tenn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary A Barnes
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant R. B. Newland

(b) Address Walnut Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-7-1940 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Turkey Creek Cemetery

18. (a) Signature of funeral director Brim Funeral Service

(b) Address Walnut Grove Mo

19. (a) Feby 12/40 (Date received local registrar) (b) Vyna Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5th year 1940 hour 11 minute 15 p. M.

21. I hereby certify that I attended the deceased from Jan 24th, 40, 19__, to Jan 30th 1940, 19__; that I last saw her alive on Jan 30 th, 1940. 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to Been gradually growing weaker for several months	
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 J. J. Barber (M. D. ~~or other~~)

Address Walnut Grove, MO. Date signed 2/6/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-40-408
Date Filed 3-13-40

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 Teresa Brim

Licensed Embalmer No. 2664

P. O. Address Walnut Grove 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, above space should be left blank.