S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18309

State File No.

FILED JUN 20 1940

Registration District No. 272 Primary Registration District No. 5879 4465 Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County: Douglas

(b) City or town: Ava, Benton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Douglas

(c) City or town: Ava, 0
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME: Clara Newville 140

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: M

6. (b) Name of husband or wife: A. H. Newville

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

7. Birth date of deceased: April (Month) 20 (Day) 1864 (Year)

8. AGE: Years 76 | Months 0 | Days 0 | If less than one day: hr. min.

9. Birthplace: Weldon (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation:

11. Industry or business: Housewife

FATHER
12. Name: ------ Cottingham
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 4

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 4

16. (a) Informant: A. H. Newville

(b) Address: Ava, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-20-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Ava

18. (a) Signature of funeral director: Clinkingbeards 976

(b) Address: Ava, Missouri

19. (a) 5-11 1940 (Date received local registrar) (b) Reba King White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1940 hour 4 minute 30 a. m.

21. I hereby certify that I attended the deceased from June 30, 1940, to April 21, 1940, that I last saw him alive on April 19, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephritis	
Due to:	
Due to: 121	
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: R. M. Norman (M. D. or other)

Address: Ava Mo. Date signed May 7 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 640 14 11
Date Filed JUN 11 1940

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.