DEPARTMENT OF COMMERCE
BUREAU OF [illegible]

FILED SEP 24 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27818

Registration District No. 16 Primary Registration District No. 5020 Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Andrew

(b) ~~City or town~~ Rural Rochester Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Highway #169 2
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Rural Rochester Township
(If outside city or town limits write "RURAL")

(d) Street No. R. F. D. #1
(If rural, give location)

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

3. (a) PRINT FULL NAME Warner Leeds Newburn 165

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Suda

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

7. Birth date of deceased January (Month) 25 (Day) 1864 (Year)

8. AGE: Years 76 Months 5 Days 7 If less than one day ___ hr. ___ min.

9. Birthplace Marshal County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name David Newburn
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Lucina Van Winkle
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant W. L. Newburn
(b) Address R.R.#1 - Cosby Mo.

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

(c) Place: burial or cremation Long Branch Cemetery Cosby, Missouri

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 7-8-1940 (Date received local registrar) (b) Mrs. Verwice A. Fite (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1940 hour 2 minute 45 P.M.

21. I hereby certify that I ~~attended~~ knowed the deceased from the body
_____, 19__, to _____, 19__;
that I last saw h_____ alive on _____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Accidental traumatism by Automobile Accident	✓
Due to	
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) Accident
(b) Date of occurrence July 2 1940
(c) Where did injury occur? Highway 169 (City or town) Andrew (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
925 Highway (Specify type of place)
While at work? (e) Means of injury

23. Signature Clifford L. Steidley (M. D. or other) DO
Address Savannah Mo Date signed 7/2/40
Coroner Andrew County

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 210 m
District Health Officer No. 98
District File Number
Date Filed

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 W H Kelly

Licensed Embalmer No. 3946

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

S. No. 2B
I—2-21-40
I X22659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27818

Registration District No. 16 Primary Registration District No. 3020 Registrar's No. 7

1. PLACE OF DEATH:
(a) County: Andrew
(b) ~~City or town~~ Rochester 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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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: Werner Leeds Newburn
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: m
5. Color or race: w
6. (a) Single, widowed, married, divorced: wd
6. (b) Name of husband or wife:
6. (c) Age of husband, or wife, if alive: years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 76 Months 5 Days 7 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 2 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Accidental Trauma-tism by Automobile accident	
Due to: Chest Crushed	
Due to: Auto - Struck a transport truck	
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): accident
(b) Date of occurrence: July 2 1940
(c) Where did injury occur: Highway (City or town) Andrew (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)
While at work: no (e) Means of injury: Auto - + Truck
23. Signature: Clifford L Hyldar (M.D. or other) 500
Address: St Joseph Date signed: 10/12/40
Coroner Andrew Co.

SUPPLEMENTARY

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