S. No. 2
—11-10-39
v. 5

7

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. 28972 / 14

SEP 23 1940

Registration District No. 492 Primary Registration District No. ~~576-5-2~~ 4299 Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln

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

(c) Name of hospital or institution: Home of Lou Knox (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community about 8 weeks (Specify whether years, months or days) 1-5-3 40-3

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Brentwood (If outside city or town limits write "RURAL")

(d) Street No. 8751 Bridgeport Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Mary Eugenie Newland

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Norvell C. Newland

6. (c) Age of husband or wife if ~~living~~ dead 75 years

7. Birth date of deceased Mar (Month) 23 (Day) 1859 (Year)

8. AGE: Years 81 Months 5 Days 13 If less than one day ____ hr. ____ min.

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

10. Usual occupation housewife

11. Industry or business ____

MOTHER, FATHER

12. Name Matthew Knox

13. Birthplace Knoxville (City, town, or country) Tenn. (State or foreign country)

14. Maiden name Nancy Galloway

15. Birthplace ~~Unknown~~ (City, town, or country) Mo. (State or foreign country)

16. (a) Informant ~~Husband~~ Mrs Edna Miller

(b) Address Brentwood - 8751 Bridgeport

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9-7-40 (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Mo. Cemetery

18. (a) Signature of funeral director, Wanlan Ricks

(b) Address Wenzlick Mo.

19. (a) 9/7/40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5 year 1940 hour 5 minute 20 p. M.

21. I hereby certify that I attended the deceased from Aug 29, 1940 to Sept 5, 1940 that I last saw her alive on Sept 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (Chronic) — Duration

Due to Arterial Sclerosis

Due to old age

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 [signature] (M. D. ~~or other~~)

Address Fort Monroe Mo. Date signed 9/7/40

(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 Galan Ricks

Licensed Embalmer No. 4012

P. O. Address Winfield, Ms.

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.