No. 2
11-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 32080

FILED OCT 23 1940

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 802

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

**1. PLACE OF DEATH:**

(a) County GREENE

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

(c) Name of hospital or institution: 1523 N. Grant Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Greene

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

(d) Street No. 1523 N. Grant Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM JESSE NEWTON

3. (b) If veteran, name war no

3. (c) Social Security No. 702-07-2179

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Louise M. Newton

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Sep (Month) 27 (Day) 1883 (Year)

8. AGE: Years 57 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Noble (City, town, or county) Ark (State or foreign country) 1

10. Usual occupation R.R. Engineer 7

11. Industry or business Frisco R.R. Work 1

FATHER
12. Name Joseph B. Newton
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Savie Davis
15. Birthplace Unknown (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Louise M. Newton
(b) Address 1523 N. Grant

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3 1940 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director J. W. Klingner Re
(b) Address Springfield, Mo.

19. (a) Oct 3, 1940 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RJB

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 1 year 1940 hour 6 minute 10 A M.

21. I hereby certify that I attended the deceased from Sept 22nd, 1940, to Oct 1st, 1940 that I last saw him alive on Oct 1st, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Abscess of lower fore of right-lung, affecting heart & respiration

Due to Abscess ruptured & expectorated contents through month

~~Due to~~ Abscess was not tubercular

N.M.D.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1141

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 F. L. Evans (M. D. or other) 1

Address Springfield, MO Date signed Oct 2nd 40

(Licensed Embalmer's Statement on Reverse Side)

JUL 11 1945

## 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 William Max Thoa

Licensed Embalmer No. 4071

P. O. Address Spring Ju

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

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