

JAN 25 1940 719
Registration District No.

Primary Registration District No. 5-9-20

State File No.

Registrar's No. 2

1. PLACE OF DEATH

(a) County Putnam

(b) City or town Rural Elm (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)

In this community years, months or days 2

8. (a) PRINT FULL NAME Albert Newman

8. (b) If veteran, name war X 8. (c) Social Security No. X

4. Sex Male 5. Color of face White 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Maudy Newman 6. (c) Age of husband or wife if alive years 1863

7. Birth date of deceased (Month) 2 (Day) 1 (Year) 1863

8. AGE: Years 77 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer 0

11. Industry or business 9

12. Name George Newman?

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Pites

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Eddie Cowan

(b) Address State, Mo.

17. (a) (b) Date thereof Dec. 17 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Brasfield

18. (a) Signature of funeral director J. H. Hester

(b) Address Unionville, Mo.

19. (a) Dec 24-1940 (b) Marnie Martin (Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Putnam (b) County Mo

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

(d) Street No. Washington Mo R22 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15th year 1940 hour 11 minute 0 P.M.

21. I hereby certify that I attended the deceased on December 15th 1940, to that I last saw him alive on 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris attack following exertion. Duration 1 year

Due to: Chronic Myocarditis 3 years

Due to: 94 W

Other conditions: (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations ✓

Of autopsy ✓

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? ✓

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 04 (Specify type of place) (e) Means of injury. 5

23. Signature J. L. Hanson (M.D. or other) D.O. Address Unionville, Mo. Date signed Dec 24, 1940

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

RECEIVED

District Health Officer No. 10

District File Number 1-41-48

Date Filed JAN 7 1961

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. Hirsted

Licensed Embalmer No. 2975

P. O. Address Unionville, 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.