

S. No. 2  
-11-10-39  
7-5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

43643

Registrar's No.

761

RECORDED JAN 25 1941

Registration District No. 735

Primary Registration District No. 5971

1. PLACE OF DEATH:

(a) County Randolph  
(b) ~~City~~ township Union  
(c) Name of hospital or institution: 11

(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

3. (a) PRINT FULL NAME Henry Thomas Newton

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if

7. Birth date of deceased. March 20<sup>th</sup> 1852

8. AGE: Years 89 Months 8 Days 29 If less than one day hr. min.

9. Birthplace. mo

10. Usual occupation Retired Farmer

11. Industry or business.

12. Name James A Newton

13. Birthplace Ky

14. Maiden name Emily Swindale

15. Birthplace Ky

16. (a) Informant Mrs W. H Burton

(b) Address R F D Mobely mo

17. (a) (b) Date thereof Dec 21<sup>st</sup> 1940

(c) Place: burial or cremation Pleasant View

18. (a) Signature of funeral director Muhon & Son

(b) Address Mobely mo

19. (a) Dec 21-40 (b) Leah Sullivan

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or township of Union

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19<sup>th</sup> year 1940 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1925 to Dec 19 1940 that I last saw him alive on Dec 18 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular

Due to

Due to 97

Other conditions None

Major findings: Of operations

Of autopsy See certificate

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?

925 (Specify type of place)

While at work? (e) Means of injury

28. Signature J. C. Hyatt (M. D. or other)

Address SMITHSON Date signed 12-22-40

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

38

RECEIVED

District Health Officer No. 10

District File Number 1-41-169

Date Filed JAN 16 1941

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 Frank B. Nutt

Licensed Embalmer No. 3021

P. O. Address Probecky 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.