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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1902**  
Registrar's No. **132**

Registration District No. **85** Primary Registration District No. **1001**

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

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St Joseph Mo  
(c) Name of hospital or institution: NO Michael Hospital  
(d) Length of stay: In hospital or institution 6 da  
In this community 6 day

2. USUAL RESIDENCE OF DECEASED:  
(a) State mo (b) County Douglas  
(c) City or town Rural R T D # 1  
(d) Street No. Pattonsburg  
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME John Henry Newby  
(b) If veteran, name war   
(c) Social Security No. ✓

20. DATE OF DEATH: Month January day 31  
year 1941 hour 1:30 minute P M.  
21. I hereby certify that I attended the deceased from Jan 26-41  
to Jan 31, 1941;  
that I last saw him alive on Jan 31, 1941;  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race w  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Hattie Newby  
(c) Age of husband or wife if alive 49 years  
7. Birth date of deceased 5 1877  
(Month) (Day) (Year)

Immediate cause of death Acute Dilatation of Heart  
Due to Chronic Myocarditis  
Due to Influenza  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations No operations  
Of autopsy Dilated Heart

8. AGE: Years 63 Months 3 Days 26  
If less than one day hr. min.  
9. Birthplace Gentry Co Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Labor

11. Industry or business  
12. Name Samuel Newby  
13. Birthplace Indiana  
14. Maiden name Indiana  
15. Birthplace Indiana

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?  
(e) While at work? (Specify type of place)  
(f) Means of injury

16. (a) Informant Mrs Hattie Newby  
(b) Address Pattonsburg Mo R#1  
17. (a) Burial (b) Date thereof 2-1-1941  
(c) Place: burial or cremation 200 F. Pattonsburg Mo  
18. (a) Signature of funeral director Abraham  
(b) Address Pattonsburg Mo  
19. (a) Jan 31-1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

23. Signature Paul Jorgensen (M. D. or other) D  
Address St Joseph Mo JOSEPH Date signed 1-31-41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>with</sup> by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 2857

P. O. Address. Pattersonburg, 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, fact should be so stated above.**