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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2554

Registration District No. 311 Primary Registration District No. 5433 Registrar's No.

38
0
0

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

1. PLACE OF DEATH:

(a) County Gentry

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community 53-0-8
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Eight miles N. East of Stanberry Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mayme S. Newman.

3. (b) If veteran, name war x

3. (c) Social Security No.

4. Sex Female

5. Color or race Wht

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife J. F. Newman

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 1 (Month) 13 (Day) 1888 (Year)

8. AGE: Years 53 Months 0 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm J. Yadow
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Artie Bradshaw
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant J. F. Newman
(b) Address Gentry Missouri R#

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Jennings Cemetary

18. (a) Signature of funeral director J. Evan Johnson
(b) Address Stanberry Missouri

19. (a) 2-1-41 (Date received local registrar) (b) C. W. Williamson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1941 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Nov-10-1940, 1940, to Jan 21, 1941;
that I last saw her alive on Jan 21, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tumor of Frontal and Maxillary sinus.	3 months
Due to unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Clinical Diagnosis

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) No
(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 Charles N Williamson (M. D. or other) DO
Address Gentry Mo Date signed 1-22-41

(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~~ J. Evan Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed J. Evan Johnson

Licensed Embalmer No. 3492

P. O. Address Salisbury Md.

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.