

S. No. 2
4-13-40
7-5-17-39
X231

8008

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

MAR 19 1941
Registration District No. 762

Primary Registration District No. 4457

Registrar's No. _____

93
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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Clair
(b) City or town Collins
(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 _____ (Specify whether)
In this community 18 Months years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Clair
(c) City or town Collins 93
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years

3. (a) PRINT FULL NAME Marion Newby
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 1 year 1941 hour 9 minute _____ P.M.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Newby 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April 25 1861 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 13 1941 to Feb 1 1941; that I last saw him alive on Feb 1 and that death occurred on the day and hour stated above.

8. AGE: Years 79 Months 9 Days 6 If less than one day _____ hr. _____ min.

Immediate cause of death Labor pneumonia
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 8 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name George H. Newby
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Sarah Coggin
15. Birthplace Virginia (City, town, or county) (State or foreign country)

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

16. (a) Informant Mary Newby
(b) Address Collins Mo.
17. (a) Burial (b) Date thereof Feb 3 1941 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Reveries
18. (a) Signature of funeral director Joseph J. ...
(b) Address Collins Mo.
19. (a) Feb 23 1941 (b) Mrs. C. L. Landauer (Date received local registrar) (Registrar's signature)

23. Signature Dr. E. D. Brown (M. D. or other) D.D.
Address Collins Mo. Date signed Feb 2 1941

RECEIVED

District Health Officer No. 7,

District File Number 3-41-476

Date Filed 3-7-41

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.....

Charles Gilbert Hochway, Registered Apprentice No. 269
working under my personal supervision.

Signed Paul D. Stanton

Licensed Embalmer No. 3990

P. O. Address Cecil 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.