

2
13-40
7-39
K23153

Registration District No. **318** Primary Registration District No. **2001** Registrar's No. **430**

1. PLACE OF DEATH
(a) County **Greene**
(b) City or town **Springfield**
(c) Name of hospital or institution **City Hosp**
(d) Length of stay: In hospital or institution **6 hrs**
In this community **6** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Greene 39**
(c) City or town **Springfield 2**
(d) Street No. **1406 E. Division 5**
(e) If foreign born, how long in U. S. A.? **0** years

3. (a) PRINT FULL NAME **Geo. Washington Newberry**
(b) If veteran, name war **Unknown** (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **5** day **24**
year **1941** hour **4** minute **15 P.** - M.

4. Sex **Male** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widow**
(b) Name of husband or wife **Ella Newberry** (c) Age of husband or wife if alive **Dec** years
7. Birth date of deceased: **April 20 1864**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **5/24/41**, 19... to **5/24/41**, 19...
that I last saw him alive on **5/24/41**, 19...
and that death occurred on the date and hour stated above.
Immediate cause of death **Cerebral Hemorrhage**

8. AGE: Years **77** Months **1** Days **4** If less than one day hr. min.
9. Birthplace: **Unknown Ark.**
(City, town, or county) (State or foreign country)

Other conditions: **None**
(Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business **Retired**
12. Name **Bud Newberry**
13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Ana Coots**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

Major findings: **None**
Of operations **None**
Of autopsy **None**
PHYSICIAN **None**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Jay Proctor**
(b) Address **Republic Mo**
17. (a) Burial (b) Date thereof **5-26-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lindsey Chapel**
18. (a) Signature of funeral director **R. G. Thurman**
(b) Address **Republic Mo**
19. (a) **5-26-41** (b) **W. E. Handley**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **None**
(b) Date of occurrence **5/24/41**
(c) Where did injury occur? **At home** (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 **None**
23. Signature **W. E. Handley** (M. D. or other) **0**
Address **Springfield** Date signed **5/24/41**

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

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.