

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 792

Primary Registration District No. 4478

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Nelson, i.o. Twp. r Twn.
(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 _____
(Specify whether)
In this community 19 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Nelson, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural - Blackwater Twp.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frances Newman

3. (b) If veteran, name war L 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 Grace Ritchey 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 27 1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 4 Days -
If less than one day _____ hr. _____ min.

9. Birthplace Plainsville Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Francis Larian Newman

13. Birthplace Unknown N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Eva Williamson

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Joe J. Newman
(b) Address 3309 E. 52nd. Kansas City, Mo.

17. (a) Burial (b) Date thereof Nov. 30, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nelson, Mo.
18. (a) Signature of funeral director J. Leslie Puryear
(b) Address Marshall Ave.

19. (a) 12-5 (b) C. L. Lawless
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1941 hour 8 minute 10 M.

21. I hereby certify that I attended the deceased from Nov 22 1941 to Nov 22 1941
that I last saw him alive on Nov 22 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____
Due to _____

Other conditions Ch. Hepatitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy no

Duration _____
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) _____
(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) (f) Means of injury _____

23. Signature C. L. Lawless (M. D. or other) _____
Address Marshall Ave Date signed 11-28-41

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-16-42

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. 32550

P. O. Address Marshall, W. Va.

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.