

No. 2
-13-40
17-39
X23139

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3812

State File No. _____

FILED FEB 6 1942

Registration District No. 816

Primary Registration District No. 4492

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Chaffee Inn
(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 23 year years, months or days

3. (a) PRINT FULL NAME Mary Elizabeth Newell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife Robert Edward Newell

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 13 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>7</u>	<u>6</u>	<u>2</u>
			hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Masters

13. Birthplace Marble Hill Mo
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Masters

15. Birthplace Marble Hill Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J. A. Newell

(b) Address West Jefferson St.

17. (a) _____ (b) Date thereof 1-17-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Park Cem

18. (a) Signature of funeral director Bisplinghoff & Hubbard

(b) Address Chaffee Mo

19. (a) 1-17-1942 (b) Wm. H. Davis
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

(c) City or town Chaffee
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1942 hour 9:30 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 8, 1942 to Jan 15, 1942
that I last saw her alive on Jan 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Duration 3 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 83a

Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature W. O. Funk (M. D. or other) U

Address 376 Bell Chaffee Date signed 1/16/42

FEB 9

JAN 27 1942

FEB 10 1942

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 with the above constitutes grounds for revocation of license.)

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