

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7232
Registrar's No. 8

FILED MAR 18 1942
Registration District No. 3028

Primary Registration District No. 3028

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

1. PLACE OF DEATH:

(a) County Madison

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME William Henry (Harry) Newberry

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Elizabeth Newberry

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

7. Birth date of deceased March 22 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>21</u>	_____ hr. _____ min.

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

10. Usual occupation Printer

11. Industry or business Newspaper

MOTHER FATHER { 12. Name William Newberry

{ 13. Birthplace Fredericktown Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Margaret Montgomery

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

16. (a) Informant Joseph Henry Newberry

(b) Address Fredericktown, Mo.

17. (a) Burial (b) Date thereof 2-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Stanley A. Dixon

(b) Address Fredericktown, Mo.

19. (a) Feb. 14, 1942 (b) S. A. S. Laughlin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 62

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

(d) Street No. 308 Albert
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1942 hour 11:15 minute P. M.

21. I hereby certify that I attended the deceased from Feb 9, 1942 to Feb 13, 1942
that I last saw him alive on Feb 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis 20 yrs.

Due to chronic alcoholism years ago

Due to _____

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

Major findings: _____

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 _____ 2

23. Signature E. W. DeLaney (M. D. or other) D.O.

Address Fredericktown Mo Date signed 2-14-42

RECEIVED

District Health Officer No. 4
District File Number 242-336
Date Filed: 3-12-42

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 Stanley H. Dixon
Licensed Embalmer No. 4193
P. O. Address Fredericktown, 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.