

FILED APR 15 1942  
Registration District No. 5782

Primary Registration District No. 5526

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County: Howard

(b) City or town: "Rural" Richmond, *gwp*  
(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: 1  
(Specify whether \_\_\_\_\_)

In this community: \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME: Cynthia Jane Newman,

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: Widowed

6. (b) Name of husband or wife: Thomas Newman,

6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: February 4th 1854  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>I</u>	<u>4</u>	hr. min.

9. Birthplace: Missouri, \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation: At home,

11. Industry or business \_\_\_\_\_

MOYER FATHER {

12. Name: James Madison,

13. Birthplace: Missouri, \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name: Polly Davis,

15. Birthplace: Missouri, \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant: O.B. George

(b) Address: Fayette, Mo.

17. (a) Burial (b) Date thereof: 3-10th 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bethel,

18. (a) Signature of funeral director: Guy T. Halley.

(b) Address: Fayette, Mo.

19. (a) 3-16-42 (b) Thomas Denny  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Howard, \_\_\_\_\_

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

(d) Street No.: R.F.D.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1-10-42  
\_\_\_\_\_, 19\_\_\_\_, to 3-8-\_\_\_\_, 1942  
that I last saw him alive on 3-8-\_\_\_\_, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of face

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: Myocardium  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: 53

Of autopsy: \_\_\_\_\_

Duration 16 mo

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. Bloom (M. D. or other) \_\_\_\_\_  
Address: Fayette, Mo. Date signed: 3-14-42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-14-42

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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.....

*Gary T. Halliday*

Licensed Embalmer No.....

*2966*

P.O. Address.....

*Jayette 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.