

Van 11000

FILED MAY 14 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15:910
Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 908
(b) Township Wright Primary Registration District No. 4549 Registered No. 17
(c) City Mtn Grove, Mo. (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

MARY JADE NEWKIRK
(a) Residence, No. Mtn Grove Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Ernest Frank Newkirk
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1871
7. AGE YEARS MONTHS DAYS 71 1 19 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright County, Mo

FATHER 13. NAME William Raney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) son

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cemetery DATE April 12, 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Russell Barber
Mtn Grove, Mo.

20. FILED 77/42 Ruby Barber Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1942 at 6:30 19 AM

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1942 to April 10, 1942
I last saw him alive on April 10, 1942 Death is said to have occurred on the date stated above, at 6:30 AM

The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency Date of onset _____
92k

Other contributory causes of importance:
Phlebotomy

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 0
If so, specify _____
(Signed) J. S. Young M. D.
(Address) Wright County, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1-12-35 1 X14022

RECEIVED

District Health Officer No. 6,

District File Number 542-705

Date Filed MAY 13 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, above space should be left blank.