

Registration District No. **185**

Primary Registration District No. **4301**

Registrar's No. **17**

58
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Linn**
(b) City or town **Meadville**
(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 _____
In this community **all his life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Linn**
(c) City or town **Meadville**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **yes** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Albert Newson**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Wife** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct. 10, 1867**
(Month) (Day) (Year)

8. AGE: Years **74** Months **10** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **Linn Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Cephus Newson**
13. Birthplace **South Cardinal**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Jane Newson**
15. Birthplace **Howard Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr Newson**
(b) Address **Hereford Texas**

17. (a) **Burial** (b) Date thereof **8-20-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Meadville, Mo.**

18. (a) Signature of funeral director **Mrs. Johnson**
(b) Address **Laclede, Mo.**

19. (a) **8-20-42** (b) **Mrs. Vivie Rowland**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **18**
year **1942** hour **7:00** minute _____ M.

21. I hereby certify that I attended the deceased from **Aug 5** 19**42** to **Aug 18** 19**42**
that I last saw him/her/it/AAA alive on **Aug** _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart decompensation** Duration **1 mo**
Due to **Chronic myocarditis** **1 year**
Due to **Hypertension** **5 years**

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 _____
23. Signature **P. Brennan** (M. D. optional)
Address **Chillicothe Mo** Date signed _____

8/19/42

JUL 22 1948

MAY 3 1951

AUG 23 1951
AUG 17 1951

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 *me*

W. J. Shannon, Registered Apprentice No. *2876*
working under my personal supervision.

Signed *W. J. Shannon*

Licensed Embalmer No. *2876*

P. O. Address *Laclede, 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.