V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30255

Registration District No. 108 Primary Registration District No. 5423 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Senath (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

(c) City or town Ruralh (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Coleman, Newman

3. (b) If veteran, name war NO

3. (c) Social Security No. NO.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Dona

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Feb (Month) 18th, (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	6	10	hr. min.

9. Birthplace Lexington (City, town, or county) Tenn, / (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Sam Newman
13. Birthplace (City, town, or county) Tenn. / (State or foreign country)

MOTHER
14. Maiden name Francis Duke
15. Birthplace (City, town, or county) Tenn / (State or foreign country)

16. (a) Informant Dona Newman

(b) Address Senath, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1.1942 (Month) (Day) (Year)

(c) Place: burial or cremation McGrew Cemetery

18. (a) Signature of funeral director A. J. Rivers

(b) Address Senath MO

19. (a) 9-20-1942 (Date received local registrar) (b) H. O. Stevens (Registrar's signature)

1296

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28th, year 1942 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 28, 1942, to Aug-28, 1942 that I last saw him alive on Aug 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Gall Bladder — Duration 3 hours

Due to Gal Stone 126

Due to

Other conditions (Include pregnancy within 3 months of death) had Slitty attacks of Pain in the Gallbladder Region for Sometime

Major findings: Of operations no)

Of autopsy none

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) no

(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? — (Specify type of place)

While at work? (e) Means of injury — 0

23. Signature [illegible] M.D. (M. D. or other)

Address Senath MO Date signed Aug 28 42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1042-1231
Date Filed 10-5-42

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. ~~1407~~,

working under my personal supervision.

Signed A. J. Rivet

Licensed Embalmer No. 1407

P. O. Address Senath, 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.