

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42007
State File No. _____
Registrar's No. 2748

Registration No. JAN 15 1942

Primary Registration District No. 20

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Rock
(c) Name of hospital or institution: Robert Rock Hospital
(d) Length of stay: In hospital or institution 7 Mo 25 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4538 14c Phetsov (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Inez Newbound
3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-07-4552

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2 5 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 10 18 hr. _____ min.

9. Birthplace Belle 140 0
(City, town, or county) (State or foreign country)

10. Usual occupation Factory

11. Industry or business Pecan - Shelling

12. Name Robert Newbound

13. Birthplace Rolla 140 0
(City, town, or county) (State or foreign country)

14. Maiden name Lula Owen

15. Birthplace Belle 140 0
(City, town, or county) (State or foreign country)

16. (a) Informant Rock Hospital Robert Newbound
(b) Address Bland, Missouri

17. (a) Burial (b) Date thereof 12/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bland, Missouri.

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

19. (a) DEC 30 1942 (b) C. H. McFarquhar
(Date received local office) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1942 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 4-28, 1942 to 12-23, 1942
that I last saw him alive on 12-23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
Tuberculosis of Larynx
Tuberculosis of Lungs

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 _____

Signature Paul Ungey (M. D. or other)

Address Rock 140 Date signed 12-28-42

Duration Since 1940?

PHYSICIAN

Underline the cause to which death should be charged statistically.

1321

9600

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

mc

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 Ray W. Wilkinson
Licensed Embalmer No. 2570
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, fact should be so stated above.