

FILED MAR 8 1943

State File No. \_\_\_\_\_

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Cape County  
 (b) City or town Cape Girardeau, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: S.E. Mo. Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
 In this community stop 1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. County Scott, Mo.  
 (b) City or town Cape Girardeau, Mo.  
 (If outside city or town limits, write "RURAL")  
 (c) Street No. Lickston 2  
 (If rural, give location)  
 (d) Citizen of foreign country? no (Yes or No)  
 If yes, name country 1

3. (a) PRINT FULL NAME Ethel Mare Newlin

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

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced 1 divorced none  
 6. (b) Name of husband or wife Paul Newlin 6. (c) Age of husband or wife if alive 31 years  
 7. Birth date of deceased April 22 1911  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
31 8 25 .hr. min.

9. Birthplace Waverly, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name John Culbertson  
 13. Birthplace Unknown (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Nurse at Hospital

(b) Address Cape Girardeau, Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 20/43  
 (Month) (Day) (Year)

(c) Place: burial or cremation Lickston, Mo.

18. (a) Signature of funeral director Ellis Ford

(b) Address Cape Girardeau, Mo.

19. (a) 2-10-43 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1943 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1/17/43 to 1/17/43

that I last saw her alive on 1/17/43 and that death occurred on the date and hour stated above.

Immediate cause of death Dehydrating Coma Duration 1943

Due to Diabetes

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 61

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 F. H. Phelps (M. D. or other) \_\_\_\_\_  
 Address Cape Girardeau, Mo. Date signed 1/17/43

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

District File Number 343-1

Date Filed 3-8-43

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 1/17/

Registered Apprentice No.

working under my personal supervision.

Signed

W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.