

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
320 1/2 North 6th /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 23 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 324 North 6th (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME FLORENCE LILY NEWTON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Melven D. Newton 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased. March 3 1879 (Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 8 If less than one day hr. min.

9. Birthplace. Mound City Missouri (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Presley S. Durham  
13. Birthplace Unknown Indiana (City, town, or county) (State or foreign country)  
14. Maiden name Lucy Chambers  
15. Birthplace Unknown Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Melven D. Newton

(b) Address 320 1/2 North 6th Street, Mound City, Mo.

17. (a) (Burial, cremation, or removal) burial (b) Date thereof 3/13/43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Mound City, Mo.

18. (a) Signature of funeral director Seaton - Be Gale & Bowman

(b) Address St. Joseph, Mo.

19. (a) 3-13-43 (Date received local registrar) (b) Roe DeJoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1943 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from Feb 25 1943 to March 19 1943 that I last saw him alive on March 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis general  
Due to Chronic interstitial nephritis  
Due to Myocardial insufficiency  
Other conditions (Include pregnancy within 3 months of death) Uremia  
Major findings: Of operations  
Of autopsy

Duration  
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 S. P. Sever M. D. (M. D. or other)  
Address St. Joseph, Mo. Date signed 3-12-43

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

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

3/11/43

Registered Apprentice No.

working under my personal supervision.

Signed *Harold Bowman*

Licensed Embalmer No. 3619

P. O. Address *St. Joseph, 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.**