S. No. 2
M—5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 2 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22720

State File No.

Registration District No. 379 Primary Registration District No. 4553 Registrar's No. 12

14
0
6

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

1. PLACE OF DEATH:

(a) County WRIGHT

(b) City or town MANSFIELD
(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 75-3-26
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 114

(a) State MISSOURI (b) County WRIGHT 0

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

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

(e) Citizen of foreign country? (~~Yes~~ or No) 0

If yes, name country

3. (a) PRINT FULL NAME PhillipWebster Newton

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JOSEPHINE NEWTON

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

7. Birth date of deceased JAN (Month) 7 (Day) 1868 (Year)

8. AGE: Years 75 Months 3 Days 26 If less than one day hr. min.

9. Birthplace WRIGHT CO (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation RETIRED MERCHANT

11. Industry or business

FATHER
12. Name ANDREW NEWTON
13. Birthplace Not Known (City, town, or county) TENN (State or foreign country) /

MOTHER
14. Maiden name POLLY CRITCHER
15. Birthplace NOT KNOWN (City, town, or county) (State or foreign country) 9

16. (a) Informant Pearl Kibbee

(b) Address MANSFIELD MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 5-43 (Month) (Day) (Year)

(c) Place: burial or cremation MANSFIELD CEM.

18. (a) Signature of funeral director F. A. Steffe

(b) Address MANSFIELD MO

19. (a) May 10-43 (Date received local registrar) (b) S. L. Hensley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 3
year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 9, 1943 to May 3, 1943
that I last saw him alive on May 2, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Omentum	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46 h

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. A. Fiemer D (M. D. or other)

Address Mansfield Date signed 6-[illegible]-43

1267 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 643-761
Date Filed JUN 29 1943

FEB 4 1948

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 F. A. Stille

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.