S. No. 2
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FILED JUL 24 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Dewey 24978

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 541

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2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1575 Cherry /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 32 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene 2

(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1575 Cherry
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Theresa Newton

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Joseph Newton

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

7. Birth date of deceased Nov. (Month) 20 (Day) 1854 (Year)

8. AGE: Years ✓78 Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Valetine Faged
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mary Newton
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 7-7-43 (Date received local registrar) (b) Dr. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1943 hour 3 minute 35 a.m.

21. I hereby certify that I attended the deceased from June 28, 1943, 19 to July 5, 1943
that I last saw her alive on June 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to This condition had been of long duration

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

83a

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 James E. Dewey (M. D. or other)
Address Springfield Mo Date signed July 6 43

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(Licensed Embalmer's Statement on Reverse Side)

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 Walter E. Handler

Licensed Embalmer No. 3808

P. O. Address Springfield 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.