ED SEP 10 19[illegible]

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

**28060**
Do not use this space.

1. PLACE OF DEATH
(a) County Cooper — Registration District No. 84
(b) Township Kelly — Primary Registration District No. 4147 — Registered No. 18 21
(c) City Bunceton — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Newton ALPHEUS George
(a) Residence, No. Bunceton - Mo St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) 0

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lona George
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5th 1856
7. AGE: YEARS 87 — MONTHS 6 — DAYS 13 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 80 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

FATHER
13. NAME Robert R. George
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co - Mo 0

MOTHER
15. MAIDEN NAME Lona Freeman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co - Mo 0

17. INFORMANT (ADDRESS) Addie Dicus Bunceton - Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Bunceton Mo DATE Aug. 25 1943
19. FUNERAL DIRECTOR (ADDRESS) L. G. Parker Bunceton Mo
20. FILED Aug 27 1943 Mrs W. W. Robison Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23rd 1943

22. I HEREBY CERTIFY, That I attended deceased from Mar 1st 1943, to Aug 23rd 1943
I last saw him alive on Aug 23 1943 Death is said to have occurred on the date stated above, at 12 30 pm.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile Debility | |

Other contributory causes of importance: Uraemic Poisoning

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. V. H. Elliott, M. D.
(Address) Bunceton Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 73
Date Filed 9-9-73

## STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My Self

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed C G Parker

Licensed Embalmer No. 25.5

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. SED 10

Registration District No. 94 Primary Registration District No. 4147 Registrar's No. 18

SUPPLEMENTARY

**1. PLACE OF DEATH:**

(a) County Cooper

(b) City or town Bunceton
(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 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State (b) County

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

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

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

If yes, name country

**3. (a) PRINT FULL NAME** Newton Alpheus George

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 5 (Day) 18 (Year)

8. AGE: Years 87 Months 6 Days 13 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Aug day 23 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Senile Debility

Due to

Due to Uremia poisoning following Chronic Nephritis

Other conditions
(Include pregnancy within 3 months of death)
& Senility

Major findings:
Of operations 131 f

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. H. Elliott (M. D. or other)

Address Bunceton Mo Date signed Aug 14th 43

FILE

28060