S. No. 2
M—2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE C[illegible]
FILED SEP 8 [illegible]

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28740

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 49

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Fredericktown, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 201 East 1 College
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community All her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Madison 62
(c) City or town Fredericktown Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Amanda M. May
3. (b) If veteran, name war
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Frank May
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 3 (Day) 1855 (Year)

8. AGE: Years 88 Months 6. Days 13 If less than one day hr. min.

9. Birthplace Fredericktown (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Bennett Newcom
13. Birthplace Vincennes Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Frances Harris
15. Birthplace Madison Co. Mo (City, town, or county) (State or foreign country)
16. (a) Informant Maude May Chilton
(b) Address 201 E. College
17. (a) Burial Fredericktown Mo (Burial, cremation, or removal) (b) Date thereof 8-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic County Fredericktown
18. (a) Signature of funeral director Ed. H. Webb
(b) Address Fredericktown, Mo
19. (a) Aug 17 1943 (Date received local registrar) (b) S. C. Slaughter By [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 year 1943 hour 10 A.M. minute M.
21. I hereby certify that I attended the deceased from Feb. 12 1943 to Aug. 16 1943 that I last saw her alive on Aug 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis of Rt side extend finally to Heart & Entire Lo side
Due to Supreme age of 88 yrs
Due to Had Intestinal Flue began Feb 12-43
Other conditions Got well of that but began gradual
(Include pregnancy within 3 months of death)
Major findings:
Of operations decline
Nutrition failed
Of autopsy

Duration

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

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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 M. B. Barber (M. D. ~~or other~~) MD
Address Fredericktown, Mo Date signed 8/17 1943

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 943-2630

Date Filed 9-7-43

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John R Holt

Licensed Embalmer No. 4264

P. O. Address Fredericktown, 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.