. S. No. 2
OM—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32853

Registration District No. 375 Primary Registration District No. 6279 Registrar's No. 22

1. PLACE OF DEATH:
(a) County ~~David Leslie Newton~~ Wright
(b) City or town RURAL GASCONADE TWP
(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 1 (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wright 114
(c) City or town Hartville - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Gasconade Twp.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DAVID LESLIE NEWTON
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 2 (Day) 1928 (Year)

8. AGE: Years 15 Months 4 Days 11 If less than one day hr. min.

9. Birthplace St Ansgor (City, town, or county) Ia (State or foreign country)
10. Usual occupation farm
11. Industry or business
FATHER
12. Name Jessie O Newton
13. Birthplace Hartville Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Gertrude E Curtis
15. Birthplace Hartville Mo (City, town, or county) (State or foreign country)
16. (a) Informant Jessie O Newton
(b) Address Mansfield, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation Newton Cem.
18. (a) Signature of funeral director Gene E Holdren
(b) Address Hartville Mo
19. (a) 8-3 1943 (Date received local registrar) (b) W L Wyms (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1943 hour 6 minute 15 P.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 Accidental Drowned while fishing on
Due to Gasconade river
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

Duration

183-3
36

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) Accident 114
(b) Date of occurrence July 13 - 1943
(c) Where did injury occur? Hartville (City or town) Wright (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm
(Specify type of place)
While at work? (e) Means of injury
23. Signature F. A. Steffe 3 (M. D. or other) Coroner
Address Mansfield Mo Date signed July 13-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 943-1112
Date Filed 9-15-43

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 Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Hartville, 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.