

FILED MAY 26 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17531

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 495

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Sunny slope Hosp.
 (If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 4 hrs
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT
FULL NAMEHarry Robert Newton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 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 Feb 12 1931
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
13 3 4 hr. _____ min.

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

10. Usual occupation At School

11. Industry or business _____

12. Name Harry Newton13. Birthplace Mo
 (City, town, or county) (State or foreign country)14. Maiden name Mildred Thornton15. Birthplace Mo
 (City, town, or county) (State or foreign country)16. (a) Informant Mildred Thornton(b) Address St Joseph, Mo17. (a) Burial (b) Date thereof 5-18-44
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Thornton Cem.(a) Signature of funeral director Elemon & Son Inc.(b) Address St Joseph, Mo.19. (a) 5/18/44 Miss Helen Parker
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1332 No 12th
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 5/14/44, 19____ to 5-16-, 1944
 that I last saw him alive on 5/16, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death meningitis Duration _____(Streptococcus) 24 hrsDue to Scarlet Fever. 14dDue to Middle Ear Infection 3 daysOther conditions.
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____23. Signature Walter Smith (M. D. or other) _____Address 218 No. 7th Date signed 5/17/44

1377

(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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 3308

P. O. Address.....
St. Joseph, 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.