

FILED JUL 7 1944
Registration District No. **32**

Primary Registration District No. **5114**

Registrar's No. **40**

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

1. PLACE OF DEATH:

(a) County Bollinger

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

(c) Name of hospital or institution: none (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 Lifetime years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger

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

(d) Street No. Near Advance, Mo (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME SARAH ADELINE NEWELL

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1944 hour 8 minute 10A. M.

21. I hereby certify that I attended the deceased from April 20 1944 to May 8 1944 that I last saw him alive on April 20 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Newell 6. (c) Age of husband or wife if alive 64 years

Birth date of deceased July 5, 1876 (Month) (Day) (Year)

Immediate cause of death Organic heart disease
valvular condition
myocarditis.

Due to _____

Due to _____

8. AGE: Years 67 Months 10 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joel Skagg

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name Ellen Jell

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

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 93el

Of autopsy _____

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

16. (a) Informant John Harris

(b) Address Chapman, Mo. R. # 3

17. (a) Buried (b) Date thereof May 23 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Douglas Ave. near Advance Mo.

18. (a) Signature of funeral director Edna S. Morgan

(b) Address Advance, Mo.

19. (a) June 30 1944 (b) Mrs. Emma Keckler (Date received local registrar) (Registrar's signature)

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 W. J. ... (M. D. or other) MD

Address Alleville Mo Date signed May 31 1944

RECEIVED

District Health Officer No. 4

District File Number 744-4031

Date Filed 7-6-44

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.....

Not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed Lloyd S. Morgan

Licensed Embalmer No. 33611

P. O. Address. Advanced M.

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

If this body is not embalmed, fact should be so stated above.