V. S. No. 100M—2-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25230

FILED JUL 24 1944

Registration District No. [illegible]

Primary Registration District No. 5797

Registrar's No. 49

1. PLACE OF DEATH:

(a) County MONETEAU

(b) City or town RURAL Wallaw Tow

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

(c) Name of hospital or institution: [illegible]

(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 LIFE TIME

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County 68

(c) City or town Rural 0

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

(d) Street No. 0

(If rural, give location)

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

If yes, name country n

3. (a) PRINT FULL NAME MATTIE NEWKIRK

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

4. Sex F 1

5. Color or race KY

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife JOSEPH NEWKIRK

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

7. Birth date of deceased MAR (Month) 16 (Day) 1844 (Year)

8. AGE: Years 80 | Months 2 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace MORGAN CO MOU (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business .....

FATHER
12. Name Wm L. HUDSON
13. Birthplace COOPER CO-MOU (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY CHISM
15. Birthplace MORGAN CO MOU (City, town, or county) (State or foreign country)

16. (a) Informant Ruth Newkirk

(b) Address Fortuna Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-4-44 (Month) (Day) (Year)

(c) Place: burial or cremation NEW KIRK CEMETERY

18. (a) Signature of funeral director [illegible]

(b) Address Versailles Mo

19. (a) June 4/44 (Date received local registrar) (b) Mrs. Leo Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 2nd year 1944 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 1st, 1944, to June 2, 1944 that I last saw her alive on May 25, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Arterio-Sclerosis	10yrs
Due to	
Other 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature L. L. Latham (M. D. or other)

Address California, Mo Date signed 6-3-44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 7-21-44

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed N. S. Kidwell

Licensed Embalmer No. 1596

P. O. Address Centerville 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.