

FILED FEB 11 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 271

Primary Registration District No. 5911

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Remond
(b) City or town Rural - Pascataway
(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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Remond
(c) City or town Rural
(If outside city or town limits, write "RURAL"
(d) Street No. 7 Miles Northwest of Hayth
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daniel Newman

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

4. Sex Male 5. Color or race Cal. 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12-25-1945
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Hayth - MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Henry Newman
13. Birthplace South Bend Ind
(City, town, or county) (State or foreign country)
14. Maiden name Carthmille
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Newman
(b) Address Hayth - MO

17. (a) Burial (b) Date thereof 12-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MO

18. (a) Signature of funeral director Friends
(b) Address _____

19. (a) 1-8-46 (b) Mrs. Jessie Turney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1945 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 25 1945 to Dec 27 1945
that I last saw him alive on Dec 25 1945
and that death occurred on the date and hour stated above

Immediate cause of death Cerebral hemorrhage
Duration 2da

Due to Birth injury - long labor water birth
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 _____

(c) Birth 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 John Killian (M.D. or other) _____
Address Stegerville Mo Date signed 1-2-46

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

100689

1-46-14

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.....

Licensed Embalmer No.....

P. O. Address.....

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.