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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8441**

FILED MAR 27 1946

Registration District No. _____ Primary Registration District No. **3004** Registrar's No. **10**

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

1. PLACE OF DEATH:
 (a) County **Barton**
 (b) City or town **Lamar**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Conrad Apartments
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **65 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Barton**
 (c) City or town **Lamar**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MARGARET ALICE NEWMAN**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **13**
 year **1946** hour **7** minute **0** 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 _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife **Gust C. Newman** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **November 21 1861**
(Month) (Day) (Year)

Coronary occlusion
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years **84** Months **2** Days **23**
 If less than one day _____ hr. _____ min.

9. Birthplace **Rock Island County, Illinois**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**

PHYSICIAN

 Underline the cause to which death should be charged statistically.

11. Industry or business _____
MOTHER { 12. Name **Robert Bowes**
 13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
 14. Maiden name **Eliza Bateman**
MOTHER { 15. Birthplace **Ohio Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Johnson**
 (b) Address **Lamar, Missouri**
 17. (a) **Burial** (b) Date thereof **Feb 16 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **Lake Cemetery**
 18. (a) Signature of funeral director **KONANTZ FUNERAL HOME**
 (b) Address **Lamar, Missouri**
 19. (a) **Feb 14 1946** (b) **Marie Konantz**
(Date received local registrar) (Registrar's signature)

While at work? _____ (e) Means of injury **0**
23. Signature **R. E. Duckett** (M. D. or other) **MD**
 Address **Lamar Mo** Date signed **Feb 14**

Coroner Barton Co, Mo. 1946

RECEIVED

District Health Officer No. 6

District File Number 346-239

Date Filed MAR 20 1946

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

Carl F. Kowitz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.