

**FILED** MAY 16 1946  
Registration District No. **15**

Primary Registration District No. **3004**

Registrar's No. **21**

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

14532

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:  
1507 Jefferson  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 46 years  
(Specify whether years, months or days)  
 In this community 46 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Ed Newton  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife XXXXXXXXXXXXXXXXXX 6. (c) Age of husband or wife if alive XXX years  
 7. Birth date of deceased November 19, 1875  
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Dallas Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business XXXXXXXXXXXXXXXXXXXX

MOTHER { 12. Name Charles Lewis Newton  
 FATHER { 13. Birthplace XXXXXXXXXX La.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Maggie Gillian  
 15. Birthplace XXXXXXXXXX Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marguerite Dittman  
 (b) Address Oklahoma City, Oklahoma

17. (a) Burial (b) Date thereof Apr 11, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lake Cemetery Lamar

18. (a) Signature of funeral director Gibson Funeral Home  
 (b) Address 1201 Bdw., Lamar, Missouri

19. (a) April 11 1946 (b) Marie Kanantz  
(Date received local registrar) (Registrar's signature)

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. 1507 Jefferson  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th  
 year 1946 hour 4:20 minute P M.

21. I hereby certify that I attended the deceased from July 15, 1944 to April 8, 1946  
 that I last saw him alive on April 8, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 92hr  
 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 H.O. Goleman (M. D. or other) \_\_\_\_\_  
 Address Lamar, Missouri Date signed 4-11

RECEIVED

District Health Officer No. 6;

District File Number 546-544

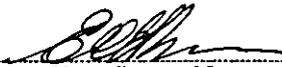
Date Filed MAY 14 1946

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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 .....

E. C. Gibson  
Licensed Embalmer No..... 4137.....

P. O. Address 1201 Bdwy. Lamar, 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.