

No. 2  
M-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

15930

**FILED JUN 11 1946** STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 47

Primary Registration District No. 2164

Registrar's No. 193

1. PLACE OF DEATH:  
 (a) County: Callaway  
 (b) City or town: Fulton, Mo. R.F.D. # 1 Fulton  
(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: Callaway 14  
 (c) City or town: Fulton 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No.: R. F. D. # 1 0  
(If rural, give location)  
 (e) Citizen of foreign country? No 0  
(Yes or No)  
 If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME LAURA ALICE NEWSOM

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

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

6. (b) Name of husband or wife James E. Newsom 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: May 26 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 0 0 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Callaway Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: House keeping

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James R. Estes

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Odonel

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

16. (a) Informant Mrs. Stanley Gilman

(b) Address Fulton, Mo. R. F. D. # 1

17. (a) Burial (b) Date thereof 5-29-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mokane Cem.

18. (a) Signature of funeral director J. J. Newsom

(b) Address 726 1/2 N. Fulton, Missouri

19. (a) 5-29-1946 (b) John Newsom  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb. 1946 19\_\_\_\_ to May 26, 1946 19\_\_\_\_ that I last saw her alive on May 26, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary artery of Sigmoid 3 mo. t

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

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

Other conditions: Myocardial degeneration 46% ?  
(Include pregnancy within 3 months of death)

Major findings: None

Of operations: \_\_\_\_\_ Of autopsy: none

Duration

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? \_\_\_\_\_

(a) Signature: John J. Brown (M. D. or other) MD

(b) Address: Fulton, Mo. Date signed: 5-29-46

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

RECEIVED  
District Health Officer No. 9  
District File Number \_\_\_\_\_  
Date Filed 6-10-66

---

---

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 Peniel P. Browning  
Licensed Embalmer No. 2724  
P. O. Address Fulton ms

**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.**