No. 2
—2-43
5-17-39
I X35697

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. 30824

FILED SEP 24 1946

Registration District No. 170 Primary Registration District No. 3033 Registrar's No.

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53
(c) City or town Lebanon 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sharon K. Newell
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 30 (Day) 1946 (Year)
8. AGE: Years 0 Months 0 Days 6 If less than one day hr. min.
9. Birthplace Lebanon Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Leo R. Newell
13. Birthplace Richland Mo. (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Evelyn Hathaway
15. Birthplace Okla (City, town, or county) 1 (State or foreign country)
16. (a) Informant Leo R. Newell
(b) Address Lebanon Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon Mo.
19. (a) Sept 21, 1946 (Date received local registrar) (b) Ora Frankenberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6 year 1946 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from Aug. 30, 1946, 19..., to Sept. 6, 1946; that I last saw her alive on Sept. 6, 19 46 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Prematurity — 2 mo. | 6 days |
| Due to | |
| 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 0
23. Signature John M. Beckham (M. D. or other) M.D.
Address 118 W. Commercial Date signed 9/14/46 Lebanon, Mo.

152 (Licensed Embalmer's Statement on Reverse Side)

Received 9-25-46

Laclede County Health Unit

File No. 9-46-135

Date Filed 9-25-46

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

Signed Dorsey Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.**