

Registration District No. 55 Primary Registration District No. 5790 Registrar's No. 124

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton RURAL 3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community ALL HIS LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Carrollton RURAL 3
(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 LYMAN BRADY NEWNHAM

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

4. Sex MALE 5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MANNIE NEWNHAM

6. (c) Age of ~~husband~~ or wife if alive 72 years

7. Birth date of deceased Dec 9 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name RICE NEWNHAM

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name BROCK

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

16. (a) Informant Mrs L. B. Newnham

(b) Address Carrollton R.F.D. 3

17. (a) Burial (b) Date thereof Oct 8 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt gion

18. (a) Signature of funeral director E. A. Dickerson

(b) Address Boyard mo.

19. (a) 10/9/46 (b) Thos Herbert Calcutt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 6
 year 1946 hour 10 minute AM

21. I hereby certify that I attended the deceased from Oct 5 1946 to Oct 6 1946
 that I last saw him alive on Oct 5 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death

① Cerebral Hemorrhage

② Cardiac Asthma

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____

Of autopsy §3A

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 6

23. Signature John H. Platt (M. D. or other) _____
 Address Carrollton, Missouri Date signed 10/9/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8₅

District File Number _____

Date Filed 10-19-46

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. A. Anderson

Licensed Embalmer No. 2534

P. O. Address Boyard, 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.