

FILED DEC 24 1946
Registration District No. **324**

Primary Registration District No. **3072**

Registrar's No. **196**

1. PLACE OF DEATH:
(a) County **Saline**
(b) City or town **Marshall**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **522 North Brunswick**
(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 her life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Saline** **97**
(c) City or town **Marshall** **1**
(If outside city or town limits, write "RURAL") **2**
(d) Street No. **522 North Brunswick**
(If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Patsy Page Newton**
(b) If veteran, name war _____ (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **28**
year **1946** hour **11** minute **30** A. M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **George Willard Newton** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **February 7th, 1872**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov. 27** 19**46** to **Nov. 28** 19**46**
that I last saw ~~her~~ **her** alive on **Nov. 28** 19**46**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	74	9	21	hr. _____ min.

Immediate cause of death **Dentelomonium occlusion** **24 hrs**
Duration

9. Birthplace **Saline county Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **House keeper**

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **94A**
Of autopsy _____

11. Industry or business _____
12. Name **Edgar Reves Page**
13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Caroline Watts Sims**
15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **G. W. Newton**
(b) Address **St. Louis, Mo.**
17. (a) **Burial** (b) Date thereof **Nov. 30, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Ridge Park cemetery**

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? _____

18. (a) Signature of funeral director **Quapler-Rum**
(b) Address **Marshall, Mo.**
19. (a) **12-4-46** (b) **Ms. T. Oakesbrook**
(Date received local registrar) (Registrar's signature)

23. Signature: **William M. D.** (M. D. or other)
Address **Marshall, Mo.** Date signed **12-2-46**

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

2
43
39
37823

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-21-46

JAN 22 1957

APR 29 1957

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 John H. Lewis

Licensed Embalmer No. 5 1171

P. O. Address Marshall - 2nd

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.