

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

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: E. BENTON, TR.
Name 1
(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 Webster 11-

(c) City or town Herdland Rural
(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 Ella C. Newton

3. (b) If veteran, name war.....

3. (c) Social Security No.....

20. DATE OF DEATH: Month Jan. day 10
year 1947 hour 2 minute 45 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased: April 25 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August
thirtieth, 1946, to January 10, 1947
that I last saw her alive on January 8, 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>8</u>	<u>16</u>	hr. min.

Immediate cause of death.....
Cerebral Hemorrhage

Due to.....
Hypertension
Atherosclerosis.

Due to.....

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

10. Usual occupation House keeper

Other conditions.....
(Include pregnancy within 3 months of death) None

11. Industry or business.....

12. Name Moore

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

14. Maiden name unknown

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

Major findings:
Of operations.....
Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Ethel Daniels

(b) Address Herdland, Mo. #4

17. (a) Burial (b) Date thereof Jan 13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cem.

18. (c) Signature of funeral director Felix J. Muller

(b) Address Regisville, Mo.

19. (a) 1-13-47 (b) Lester W. Good
(Date received local registrar) (Registrar's signature)

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 A. R. Schultz (M. D. or other) MD
Address Fordland, Mo. Date signed 1/18/47

RECEIVED

District Health Officer No. 6,

District File Number 147-131

Date Filed JAN 21 1947

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 H. B. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.