

FILED MAR 3 1947

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **249**

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

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**212 West Isabelle St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 months**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Nevada Newman**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **2** **Widowed**

6. (b) Name of husband or wife **William Newman** 6. (c) Age of husband or wife if alive **28** **1862**  
7. Birth date of deceased: **September** (Month) **28** (Day) **1862** (Year)

8. AGE: Years **84** Months **4** Days **21** If less than one day hr. min.

9. Birthplace **Unknown** **Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **at home**

MOTHER FATHER { 12. Name **Russell White**  
13. Birthplace **Unknown** **Indiana**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Nancy Clemons**  
15. Birthplace **Unknown** **Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Emery Newman**  
(b) Address **St. Joseph, Mo.**

17. (a) **burial** (b) Date thereof **2/ 21/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Savannah, Mo.**

18. (a) Signature of funeral director **Newton Be Sub - Bowman**  
(b) Address **St. Joseph, Mo.**

19. (a) **2-24-47** (b) **W. L. Jenkins**  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **212 West Isabelle**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **19** year **1947** hour **2** minute **P** M.

21. I hereby certify that I attended the deceased from **Viewed**  
**Feb 19th**, 19**47**, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him **alive on** \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Suicide by Hanging** Duration

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **164A**

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) **Suicide**

(b) Date of occurrence **Feb 19th 1947**

(c) Where did injury occur? **St Joseph, Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**At Home**

While at work? **No** (Specify type of place) (e) Means of injury **Hanging**

23. Signature **B. W. Tadlock** **Coroner**  
(M. D. or other) Address **King Hill Bldg** Date signed **2/20/47**

171000 H166 152006

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

Signed Eugene Wood  
Licensed Embalmer No. 3804  
P. O. Address 519 North St. Joseph, 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.**