V. S. No. 2
00M—2-43
Rev. 5-17-30
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 18 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12869
State File No.

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 23

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty Mo (rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: I.O.O.F. Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 92 days (Specify whether years, months or days) In this community 3 months - 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 54
(c) City or town Odessa 4
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Carrie May Newhard
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Oct (Month) 26 (Day) 1877 (Year)

8. AGE: Years 69 Months 4 Days 21 If less than one day hr. min.

9. Birthplace Lafayette Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Sales lady
11. Industry or business
FATHER 12. Name J. F. Newhard
13. Birthplace (City, town, or county) Indiana 1 (State or foreign country)
MOTHER 14. Maiden name Mary Jane Himes
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)
16. (a) Informant Ruby J. Pearce
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 19 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Odessa Cemetery
18. (a) Signature of funeral director Husman-Sparks
(b) Address Odessa, Mo.
19. (a) March 17-1947 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1947 hour 12 minute 10 P.M.
21. I hereby certify that I attended the deceased from March 13, 1947, to March 17, 1947, that I last saw her alive on March 13, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration 2 wks.
Due to Pulmonary congestion secondary to
Due to Chronic myocarditis
Other conditions Parkinson's disease
(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

23. Signature L. O. Schroeder (M. D. or other) M.D.
Address Liberty, Mo. Date signed 3/17/47

64 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-12-47

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 William T. Sparks

Licensed Embalmer No. 4431

P. O. Address Odessa, 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.