No. 2
12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14633

Registration District No. FILED APR 23 1947 Primary Registration District No. 3056 Registrar's No. 97

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: Smiley Home 8193 4th 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether In this community years, months or days) Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Rural Prairie 0 (If outside city or town limits, write "RURAL")

(d) Street No. RFD #1 Moberly 0 (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY ELIZABETH 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 Married

6. (b) Name of husband or wife Ed. Newman

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased December-10-1877 (Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Thomas Forrest
13. Birthplace Clark Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Gabriella Littrell
15. Birthplace Clark Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Ed. Newman

(b) Address RFD #1 Moberly MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr-15-47 (Month) (Day) (Year)

(c) Place: burial or cremation Macedonia Cemetery

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Moberly Missouri

19. (a) 4-15-47 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th year 1947 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from Mch 24/47 19 to Apr 13/47 19; that I last saw her alive on Apr. 12/47 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to

Due to

83 A

Other conditions (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) No

(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 Dr. L. E. Hibbs M.D. (M. D. or other)

Address Moberly Mo. Date signed 4/14/47

267 (Licensed Embalmer's Statement on Reverse Side)

SEP 8 1951

RECEIVED
District Health Officer No. 10
District File Number 4-47-678
Date Filed APR 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 R. M. Cater

Licensed Embalmer No. 417

P. O. Address Moberly 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.