DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14002

State File No.

Registration District No. 297 Primary Registration District No. 6021 Registrar's No. 31

1. PLACE OF DEATH:

(a) County Ray Co

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community All her life

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo (b) County Ray 89

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

(d) Street No. 10 mi N.E. of Hardin Mo. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Sallie E Newham

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Sam G Newham

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April - 23 - 1881 (Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Ray Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER 12. Name Samuel A Sandy

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

MOTHER 14. Maiden name Mary K Rhodes

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

16. (a) Informant S. G. Newham

(b) Address Hardin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-47 (Month) (Day) (Year)

(c) Place: burial or cremation Walkenda Cem

18. (a) Signature of funeral director John W. Knipschild

(b) Address Hardin Mo.

19. (a) Mar. 24-1947 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 21 year 1947 hour 1-15 minute 0 M.

21. I hereby certify that I attended the deceased from 1-4- 1947 to 3-21- 1947 that I last saw h alive on 3-21- 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Ut — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 0

23. Signature B. C. Cole (M. D. or other)

Address Norborne Mo. Date signed

273 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-16-47

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 297 Primary Registration District No. 6021 Registrar's No. 31

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sallie E. Newham

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 23 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 21 year 1947 hour P.M. minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Primary site of cancer unknown today.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 48

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 B E Cole (M. D. ~~or other~~)

Address Novinger Mo Date signed 5-8-47

SUPPLEMENTARY

14082