S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 9 1947

Registration District No. 150

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5572

24507

State File No.

Registrar's No. 122

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town ~~Little Blue~~ RURAL PRAIRIE TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Co., FEmergency Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 319 E. Lexington 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country no

3. (a) PRINT FULL NAME MRS. IDA MAY NEWELL
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Theodore F. Newell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 11, 1867 (Month) (Day) (Year)

8. AGE: Years 79 | Months 8 | Days 17 | If less than one day hr. min.

9. Birthplace Fillmore County, Minn. 1
(City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Dan Southerland
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ortha Ruggels
15. Birthplace Moline, Iowa 1
(City, town, or county) (State or foreign country)
16. (a) Informant Records, Jackson Col Hosp.
(b) Address R.4, Independence, Mo.
17. (a) burial (b) Date thereof 7/31/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lobb Cemetery
18. (a) Signature of funeral director Geo. C. Carson Funeral Home
(b) Address Independence, Mo.
19. (a) July 30, 1947 (b) Donald C. Earnshaw 378
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1947 hour 1:00 minute A 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.

Immediate cause of death Coronary Sclerosis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings Of operations Deputy Coroner
Of autopsy History Inspection

Duration

PHYSICIAN
Underline the cause of 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? 0
(Specify type of place)
While at work (e) Means of injury
23. Signature A. E. Upcher M.D.
Address 2800 Main Date signed 7/29/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Charles T. Tyler, Registered Apprentice No. 411, working under my personal supervision.

Signed F. A. Leale

Licensed Embalmer No. 4123

P. O. Address Independence, 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.