

No. 2
12-45
-17-39
X47070

FILED SEP 3 1947
Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 195

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Proberly

(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street name or location)

(d) Length of stay: Three Days
(Specify whether in hospital or institution)

In this community Entire life in County
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LUTHER CLAY NEWTON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Laura Newton

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March-6-1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>5</u>	<u>22</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business Henry Thomas Newton

12. Name Cairo Mo.

13. Birthplace _____

14. Maiden name Georgia Ellen Halliburton

15. Birthplace Cairo Mo.

16. (a) Informant Mr. L. C. Newton

(b) Address RFD #1 Jacksonville Mo

17. (a) Rural (b) Date thereof Aug-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

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

(b) Address Proberly Mo.

19. (a) Aug 29-47 (b) Paul Williams Low
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th
year 1947 hour 5 minute 20 P M.

21. I hereby certify that I attended the deceased from March
1947 to 27 Aug 1947
that I last saw him alive on 27 Aug 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Duration 3 yrs.

Due to arteriosclerotic heart disease
Duration 4 yrs.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 93D
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 0

23. Signature Paul Williams Low M. D. or other _____
Address Proberly Mo Date signed 27 Aug 47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 9-47-1153
Date Filed - SEP - 2 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.....

Charles L. Hutton Registered Apprentice No. *10*
working under my personal supervision.

Signed *R. M. Cater*
Licensed Embalmer No. *4117*

P. O. Address *Proberly 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.