

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

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution: Merrihome
15 miles west of Hartville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
In this community 63 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright

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

(d) Street No. 15 miles west of Hartville
(If rural, give location)

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

3. (a) PRINT FULL NAME ZELLA MAE NEWTON

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 25
year 1947 hour 11:00 minute 55 A. M.

21. I hereby certify that I attended the deceased from April 18 1947
1947 to 7/25 1947
that I last saw her alive on 7/24 1947
and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W.

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

6. (b) Name of husband or wife G.E. Newton

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: 9 (Month) 19 (Day) 1883 (Year)

Immediate cause of death _____

Due to Coronary Artery Disease

8. AGE: Years Months Days If less than one day

63 10 6 hr. _____ min.

Due to _____

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

Major findings: Of operations 48B

Of autopsy _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Todd

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

14. Maiden name Marry Rippee

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

MOTHER FATHER

16. (a) Informant G.E. Newton

(b) Address Hartville Mo.

17. (a) Burial (b) Date thereof 7 27 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Grove Cem.

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

While at work? _____ (Specify type of place)
(e) Means of injury _____

18. (a) Signature of funeral director Gene E Holdren
Hartville, Mo

(b) Address _____

19. (a) Aug. 14, 1947 (b) E. B. Garner
(Date received local registrar) (Registrar's signature)

23. Signature L. D. ... (M. D. or other) 5/6
Address ... Date signed 1947

RECEIVED

District Health Officer No. 6,

District File Number 841-927

Date Filed AUG 28 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 Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address Hertsville, 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.