S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 37332

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 346

**1. PLACE OF DEATH:**
(a) County Cape Girardeau
(b) City or town " " (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mo - Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 8 days years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Illinois (b) County Alexander
(c) City or town Cape Girardeau 999
(If outside city or town limits, write "RURAL") 11
(d) Street No. — (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME William Edward Newell
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced — 9
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 2 (Day) 1874 (Year)

8. AGE: Years 73 Months 10 Days If less than one day hr. min.

9. Birthplace Rushville (City, town, or county) Ill (State or foreign country)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name Calvin Newell
13. Birthplace Unk (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Eliza Stutsman
15. Birthplace Unk (City, town, or county) 9 (State or foreign country)

16. (a) Informant Roy Newell
(b) Address Jamison Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Jamison Mo
18. (a) Signature of funeral director Joe T. Newell
(b) Address Cape Girardeau Mo
19. (a) 11-13-47 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 111

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 2 year 1947 hour 5:30 minute a M.
21. I hereby certify that I attended the deceased from 10-26 1947 to 11-2 1947 that I last saw him alive on 10-18-1 1947 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| ~~Chr. Myocarditis~~ Heart block | 2 wk |
| Due to Chr Myocarditis | 2 yr |
| Due to Cerebrovascular D/D | 3 yr |
| Other conditions (Include pregnancy within 3 months of death) Prostatic Hypertrophy | 10 yr |

Major findings: Of operations Pros Hypertrophy
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 Newbern (M. D. or other) MD
Address Cape Girardeau Mo Date signed 11/12/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

File Number 1147-1444

11-17-47

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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 Not Embalmed, Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**