

No. 2
12-45
-17-39
X47070

FILED FEB 16 1948

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town St Joseph Mo
(c) Name of hospital or institution: State Hospital No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 21 days
(Specify whether years, months or days) 1 month - 21 days

3. (a) PRINT FULL NAME Hugh Newnham
3. (b) If veteran, name war ✓✓ 3. (c) Social Security No. ✓✓

4. Sex Male 5. Color of race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 30 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
✓ 67 8 8 hr. min.

9. Birthplace Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Rice Newnham
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Brock
15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Record Hospital
(b) Address St Joseph Mo

17. (a) Burial (b) Date thereof 2-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chinoyes Cemetery

18. (a) Signature of funeral director E. A. Deussen
(b) Address Burgess Mo.

19. (a) 2-10-48 (b) G. C. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll 11
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. Carrollton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1948 hour 8-30 minute 0 M.
21. I hereby certify that I attended the deceased from 12-17 1947 to 2-8 1948
that I last saw him alive on Feb 7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to arteriosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings: Of operations _____
Of autopsy 83A
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 9

23. Signature P. T. Thomas (M. D. or other) by G. C. Jenkins
Address St Joseph Mo Date signed 2/19/48

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 *E. H. Curson*
Licensed Embalmer No. 2534
P. O. Address Bogard, 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.