

No. 2
-8-43
-17-39
X37823

State File No.

FILED JAN 12 1948

Registration District No. 139

Primary Registration District No. 4211

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Holt

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

(c) Name of hospital or institution: 1 Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44

(c) City or town Mound City 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Josie Leona Newton.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife E.H. Newton 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept. 1 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>4</u>	<u>I</u>	hr. _____ min. _____

9. Birthplace Stromberg Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation House work.

11. Industry or business _____

12. Name William Deeds

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

14. Maiden name Martha Jane Phillips.

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

16. (a) Informant Miss Martha Newton

(b) Address Mound City, Mo.

17. (a) Burial (b) Date thereof 1/4/48
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation Mound City, Mo.

18. (a) Signature of funeral director H. Campbell

(b) Address Mound City, Missouri.

19. (a) Jan 4 1948 (b) J. Chaney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 2nd.
year 1948 hour 11:40 minute 0 M.

21. I hereby certify that I attended the deceased from DEC 31 or 1947 to Jan 2 1948
that I last saw her alive on Jan 1-2 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Arterio Sclerosis

Duration 3 day

Due to _____

Due to _____

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

Major findings: BBP
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 _____

23. Signature F. E. Hogan (Date or other) 12/48
Address Mound City Date signed 12/48

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

FEB 23 1948

APR 28 1948
1954

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Alan M. Gibson

Registered Apprentice No. *48*

working under my personal supervision.

Signed *JH Crawford*

Licensed Embalmer No. *1824*

P. O. Address *Mound City 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.