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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9844

State File No.

Registration District No. 297 Primary Registration District No. 4447 Registrar's No. 23

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

89 0 0

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Henrietta, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: -
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community one day years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll 17
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 16 Miles North, Norborne, Mo 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Seymour Newport
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Armilda Leonard
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 31, 1865 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	11	8	hr. min.

9. Birthplace Unknown (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation Retired Farmer
11. Industry or business " "
FATHER 12. Name John Newport
13. Birthplace Unknown (City, town, or county) England (State or foreign country) 4
MOTHER 14. Maiden name Eunice White
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Mrs. Everett Green
(b) Address Richmond, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation Low Gap Cemetery North, Norborne, Mo.
18. (a) Signature of funeral director Quest-Lile F. Home
(b) Address Richmond, Mo.
19. (a) March 13-1948 (Date received local registrar) (b) Mabel Jackson (Registrar's signature) 173

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th year 1948 hour Found about 4 P.M. minute
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h... alive on ....., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis,	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

93E

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 3

23. Signature J. F. Baber, Co. Coroner (M.D. or other)
Address Richmond, Mo Date signed 3-10-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 3-18-48

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 Louis Quest

Licensed Embalmer No. 4096

P. O. Address Richmond, 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.

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