FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 23 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25519

Primary Registration District No. 1000

Registrar's No. 856

1. PLACE OF DEATH:
(a) County: Buchaman
(b) City or town: St. Josephh
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 301 South 5th, Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 301 South 5th, Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Ernest Ray Newton
3. (b) If veteran, name war: World War 1
3. (c) Social Security No.: 491-245539
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Velma Smith
6. (c) Age of husband or wife if alive: -- years
7. Birth date of deceased: December (Month) 12, (Day) 1896 (Year)

8. AGE: Years 51 | Months 7 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace: Carrolton, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Cappenter
11. Industry or business: Self
FATHER
12. Name: Ray W. Newton
13. Birthplace: unk, (City, town, or county) New York (State or foreign country)
MOTHER
14. Maiden name: Hattie E. Smith
15. Birthplace: Unk (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mr. Ernest Newton
(b) Address: 2918 N.9th, St.Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memoral Park
18. (a) Signature of funeral director: Stamper Funeral Home
(b) Address: St. Joseph, Missouri
19. (a) Aug 16, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 10th day 10th year 1948 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from Aug, 12th, 19 48 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: Coronary Occlusion	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: B. W. Tadlock Coroner (M. D. or Coroner)
Address: King Hill Bldg St. Joseph, Mo. Date signed 8/13/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

AUG 31 1948

SEP 15 1948

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 Charles M. Hann

Licensed Embalmer No. 4487

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.