

S. No. 2
M-5-43
5-17-39
I X36671

FILED JAN 5 1949

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **1118**

1. PLACE OF DEATH:
 (a) County **Greene**
 (b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1216 W. Walnut St. (Rest Home)
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **15 days. 4**
(Specify whether
 In this community **Lifetime**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Greene** **39**
 (c) City or town **Willard** **2**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Willard** **1**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Laura E. Newton**
 (b) If veteran, name war **No**
 (c) Social Security No. **No**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **December** day **25**
 year **1948** hour **7** minute **30** P.M.
 21. I hereby certify that I attended the deceased from **July 1947**
 19 **47**, to **Dec 25, 1948**
 that I last saw her alive on **Dec 6, 1948**
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Robert L. Newton**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Nov. 24 1871**
(Month) (Day) (Year)

Immediate cause of death **Metastatic Carcinoma from cancer of breast.**
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years **77** Months **1** Days **1**
 If less than one day _____ hr. _____ min.

9. Birthplace **Greene County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **In the home**

12. Name **William Walls**

13. Birthplace **Montgomery County-Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Stafford**

15. Birthplace **Giley County Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Laura Adams (Daughter)**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **12-27-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wesley Chapel Ceme.**

18. (a) Signature of funeral director **J.W. Klingner & Co.**

(b) Address **Springfield, Missouri**

19. (a) **12-28-48** (b) **W E Handley md.**
(Date received local registrar) (Registrar's signature)

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? **0**

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature **W E Handley** (M. D. or other)
 Address **Springfield, Mo.** signed

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

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

9
22
6

year

Dec 26/48

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.....

Max Rhodes

Licensed Embalmer No. *4071*

P. O. Address.....

Springfield

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.