

FILED MAY 26 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17531

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 495

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Sunny slope Hosp. 0
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 6 hrs
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT
FULL NAMEHarry Robert Newton3. (b) If veteran,
name war3. (c) Social Security
No.4. Sex Male 5. Color or
Race White 6. (a) Single, widowed, married,
0 divorced Single6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Feb 12 1931
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
13 3 4 hr. min.9. Birthplace St Joseph Mo 0
(City, town, or county) (State or foreign country)10. Usual occupation At School

11. Industry or business

12. Name Harry Newton13. Birthplace Mo 0
(City, town, or county) (State or foreign country)14. Maiden name Mildred Thornton15. Birthplace Mo 0
(City, town, or county) (State or foreign country)16. (a) Informant Mildred Thornton(b) Address St Joseph, Mo17. (a) Burial (b) Date thereof 5-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Thornton Cem.18. (a) Signature of funeral director Elemon & Son Inc(b) Address St Joseph, Mo.19. (a) 5/18/44 (b) Mrs Helen Peckel
(Date received local registrar) (Registrar's signature)

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. 1332 No 12th
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1944 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from
5/14/44, 19____ to 5-16-, 1944
that I last saw him alive on 5/16, 1944
and that death occurred on the date and hour stated above.Immediate cause of death meningitis
(Streptococci) Duration 24 hrsDue to Acute Febr. 14dDue to Middle Ear
Infection 3 daysOther conditions.
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 injury23. Signature [Signature] (M. D. or other)Address 218 No. 7th Date signed 5/17/44

1377

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.