

REC'D MAY 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14650
Do not use this space.

1. PLACE OF BIRTH

(a) County GreeneRegistration District No. 318(b) Township SpringfieldPrimary Registration District No. 2001(c) City SpringfieldSpringfield Baptist HospitalRegistered No. 346(e) Length of residence in city or town where death occurred 4 yrs

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(f) How long in U.S., if of foreign birth? 4 yrs mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.2. PRINT FULL NAME Leonard Newman(a) Residence, No. Mt. Vernon, Lawrence County, Mo.

(Usual place of abode, if no street address, write county or city)

Mt. Vernon Mo
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Newman6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 21 23, 19007. AGE YEARS 40 MONTHS 3 DAYS 26 If LESS than 1 day, hrs. 0 min. 08. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as saw mill, bank, etc. UK
10. Date deceased last worked at this occupation (month and year) UK 11. Total time (years) spent in this occupation UK12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sarcelle Mo13. NAME J. S. Newman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark15. MAIDEN NAME Hattie H. Beyer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sarcelle Mo17. INFORMANT (ADDRESS) Dr. P. A. Holmes, Mt. Vernon, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Vernon Mo DATE Apr 21, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. A. George, Mt. Vernon, Mo.20. FILED Apr 20, 193821. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from

, 1938, to April 19, 1938, 1938I last saw him live on April 19, 1938. Death is saidto have occurred on the date stated above, at 9:48 m.

The principal cause of death and related causes of importance were as follows:

The result of gunshot wound received close to Mt. Vernon, Lawrence County, Missouri. Not self-inflicted.

Date of onset

Other contributory causes of importance:

Name of operation NO Date of NOWhat test confirmed diagnosis? NO Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Apr 19, 1938Where did injury occur? Lawrence County

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place near Mt. Vernon, Lawrence Co, MoManner of injury Gunshot woundNature of injury hole in right breast24. Was disease or injury in any way related to occupation of deceased? NOIf so, specify NO(Signed) Jos. B. Benson Acting Coroner M. D.1622 E. W. RobertsonSpringfield, Missouri

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.