

APR 17 1939

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

9617
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 1223
(c) City K.C. Mo. or (d) Street No. Mercy Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Donald NEW

(a) Residence, No. _____ St. Gallatin Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 1 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Gallatin (STATE OR COUNTRY) Mo.

13. NAME Homer New

14. BIRTHPLACE (CITY OR TOWN) Gallatin (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Minnie A. Grimes

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) _____

17. INFORMANT Homer New (ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gallatin, Mo. DATE 3-20-39

19. FUNERAL DIRECTOR (NAME) Harry Noel (ADDRESS) Gallatin, Mo.

20. FILED Mar 20 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1939 to March 20, 1939
I last saw him alive on March 20, 1939 Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:

Relational Compensatory
promethium
107a
Other contributory causes of importance:
Obtuse media hep.
Toxic edema of brain

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) W. S. Stuber M.D.
(Address) 5017 W. Franklin

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 comply with the above constitutes grounds for revocation of license.)

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

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