

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.

REC'D AUG 22 1939

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

26652
Do not use this space.

1. PLACE OF DEATH

(a) County Ripley Registration District No. 750
 (b) Township Douglas Primary Registration District No. 445
 (c) City Waverly (d) Street No. Williams Hospital Registered No. Waverly Mo 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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-23-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 6 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Infant
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Jack C. Mc New

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

MOTHER 15. MAIDEN NAME Mary Mc Guire

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yaws Co. Kentucky

17. INFORMANT Miss Mary Mc New
 (ADDRESS) Douglas Mo.

18. BURIAL, CREMATION, OR REMOVAL buried
 PLACE Oak Ridge Cem. DATE 7-23-39

19. FUNERAL DIRECTOR (NAME) Jordan
 (ADDRESS) Douglas

20. FILED 7-22-39 C. B. Johnston
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21-39

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1939, to July 21, 1939.
 I last saw him alive on July 21, 1939, 19____. Death is said to have occurred on the date stated above, at 10:11 a.m.,
 The principal cause of death and related causes of importance were as follows:

Pneumonia
Cholera Infantum
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

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) J. B. Johnston M. D.
 (Address) Douglas, Mo.

RECEIVED

District Health Officer No. 5,

District File Number 839 90

Date Filed 8/10/39

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

J. E. Jordan

Licensed Embalmer No. 3200

P. O. Address Doniphan, Mo.

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.