

Registration District No. 736

Primary Registration District No. 5964

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Randolph ¹⁹⁴⁹
 (b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.F.D. #1 South of Mahabury 4 miles
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
 In this community all her life

3. (a) PRINT FULL NAME IRENE NEWMAN

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edmund Newman 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec 14 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months — Days 17 If less than one day hr. — min. —

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

10. Usual occupation Housewife

11. Industry or business —

MOTHER FATHER { 12. Name Thomas Burton

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Marilda Abigail

15. Birthplace Randolph Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edmund Newman

(b) Address Mahabury Mo. R.F.D. #1

17. (a) Burial (b) Date thereof Jan 2 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery, Mahabury

18. (a) Signature of funeral director Sharon Funeral Home

(b) Address Mahabury Mo

19. (a) Jan 2 1940 (b) Seal
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 4 miles South of Mahabury Mo.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 — 1939
 year — hour — minute 7:25 P M.

21. I hereby certify that I attended the deceased from Dec 31 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis cerebral Duration 3 days

Due to —
 Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 injury —

28. Signature J. H. Johnson (M. D. or other) —
 Address — Date signed 1/2/40

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

REG. 5-17-39 I X1981

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.

FILED FEB 6

RECEIVED

District Health Officer No. 10

District File No. 2-40-203

Date Filed FEB 5 1940

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 Myself
....., Registered Apprentice No.
working under my personal supervision.

Signed Chas. G. Barnes
Licensed Embalmer No. 2414
P. O. Address Woburn Ave

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.