

Registration District No. 204Primary Registration District No. 4178

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Franklin  
 (b) City or town Saint Clair  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location) 2  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Betty Lou Newton 3503. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_4. Sex Female 5. Color or  
race White6. (a) Single, widowed, married,  
divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years7. Birth date of deceased July 1 1937  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
2 7 11 hr. min.9. Birthplace Pacific Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Robert Newton13. Birthplace Tennessee  
(State or foreign country)14. Maiden name Gracie Johnson15. Birthplace Salem Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Robt Newton(b) Address Saint Clair, Mo.17. (a) Burial (b) Date thereof Feb. 14, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Zion18. (a) Signature of funeral director Chas J. Desrosier(b) Address Saint Clair, Missouri19. (a) March 9, 1940 (b) H. H. Duckworth  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
 (d) Street No. 0 45 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12  
year 1940 hour 10:05 minute 5 A. M.21. I hereby certify that I attended the deceased from 2/12  
1940, to 2/12, 1940that I last saw her alive on 2/12, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions hepatic  
(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 \_\_\_\_\_23. Signature Robt Newton (M. D. or other) \_\_\_\_\_Address Saint Clair Mo Date signed 2/14/40

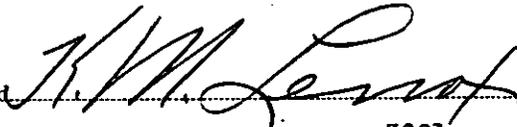
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**STATEMENT BY LICENSED EMBALMER**

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. 3601.....

P. O. Address Saint Clair, Missouri......

**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.**