

ED MAY 9 1940
Registration District No. 371

Primary Registration District No. 4-217

Registrar's No. 56

1. PLACE OF DEATH:
(a) County. Dalt
(b) City or town. Maitland
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community about fifteen years
years, months or days)

3. (a) PRINT FULL NAME Newton Andrews

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. May 1 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 70 Days 11 10 If less than one day hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business _____

12. Name George Andrews

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

14. Maiden name Mrs. Lucie

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. W. Smith Jr.
(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof 4-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K. of P. Cemetery, Maitland, Mo.

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 921 E. 1st St. Maitland, Mo.

19. (a) 4-11-40 (b) Veris B. Stout
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dalt
(c) City or town Maitland
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: April 11
Month April day _____
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

Other conditions 1940
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 D. B. Perry Carover
(M. D. or other)
Address Maitland, Mo. Date signed 4-11-40

Duration
Underline the cause to which death should be charged statistically.

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

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RECEIVED

District Health Officer No. 11,

District File Number

Date Filed **MAY 6** 1940

540-633

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.