

Registration District No. 182
JUL 13 1940

Primary Registration District No. 5 8 94

Registrar's No. 182

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Rural Cedar Twp.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Rural
(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: Month May day 17
year 1940 hour 6 minute 17 P. M.

21. I hereby certify that I attended the deceased from 5-17-1940 to 5-17-1940, 1940 that I last saw her alive on 5-16-1940, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis 13 days

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underlines 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? 906
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. E. Best (M. D. or other) _____
Address Sedalia Mo. Date signed 5-19-40

3. (a) PRINT FULL NAME Addie Wilson Newland 452

3. (b) If veteran, name war _____ (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 J. H. Newland 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 20 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 0 27 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Samuel T. Newland

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

14. Maiden name Mary Martin

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

16. (a) Informant J. H. Newland

(b) Address Sedalia Route 4,

17. (a) Burial (b) Date thereof May 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell

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

(b) Address Sedalia

19. (a) 5-20-40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
6-14-40
Date Filed

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 Geo. D. Hillard

Licensed Embalmer No. 3868

P.O. Address Sedalia, 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.