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5-17-39
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FILED JUN 14 1940

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19307

Registration District No. 719 — Primary Registration District No. 5950 — Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Rural Elm 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)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community life
years, months or days)

550

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putnam

(c) City or town Worthington Mo (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.

3. (a) PRINT FULL NAME Noah Everett Newman

3. (b) If veteran, name war ✓

3. (c) Social Security No. —

4. Sex M —

5. Color or race W —

6. (a) Single, widowed, married, divorced M —

6. (b) Name of husband or wife Rebecca Newman

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Aug (Month) 19 (Day) 1903 (Year)

8. AGE: Years 36 Months 8 Days 11 If less than one day ___ hr. ___ min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Albert Newman
13. Birthplace ___ (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Permelia Vestel
15. Birthplace ___ (City, town, or county) Mo (State or foreign country)

16. (a) Informant Rebecca Newman
(b) Address Worthington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10-40 (Month) (Day) (Year)
(c) Place: burial or cremation Brasfield Bur

18. (a) Signature of funeral director F. O. Husted & Son
(b) Address Unionville Mo

19. (a) May 17 (Date received local registrar) (b) Mamie Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1940 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from Apr 29, 1940, to May 9, 1940, that I last saw him alive on May 8, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Brain Embolism — Duration 12 day

Due to Dent Knee

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

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? 1 41 (Specify type of place)
While at work? — (e) Means of injury —

23. Signature O. P. Gore (M. D. or other) DO
Address Queen City Mo Date signed May 10

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-40-1117
Date Filed JUN 6 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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Muri E. Husted

Licensed Embalmer No. 3304

P. O. Address Amonville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.