

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32709

State File No. \_\_\_\_\_

Registration District No. 609

Primary Registration District No. 5808

Registrar's No. 102

1. PLACE OF DEATH: NEWTON  
 (a) County NEOSHO  
 (b) City or town RURAL RT 1  
 (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 2  
 In this community 58 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Newton  
 (c) City or town Neosho Rural Rt 1  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. ROUTE 1  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME EVA ARRENA NEWDIGGER  
 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 LAWRENCE NEWDIGGER 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased March 3 1882  
 (Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days \_\_\_\_\_ 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 \_\_\_\_\_  
 12. Name Elmos Goodwin  
 13. Birthplace Illinois  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Lude  
 15. Birthplace Illinois  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lawsone Newdigger  
 (b) Address Neosho Route 1  
 17. (a) Burial (b) Date thereof Sept 4 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Spring Valley Cemetery

18. (a) Signature of funeral director [Signature]  
 (b) Address Neosho Mo  
 19. (a) 9-9-40 (b) Emalia S. Almond  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept day 3  
 year 1940 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from May 1939, 19 Sept 3, 1940  
 that I last saw her alive on May 20, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
 Due to Arterio Sclerosis 5 years  
Hypertension

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) [Signature]

PHYSICIAN  
 Major findings: none  
 Of operations none  
 Of autopsy none  
 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? FM  
 (Specify type of place)  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address Neosho Mo Date signed 9-5-40

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.

RECEIVED

STATE OF TEXAS  
DEPARTMENT OF HEALTH

District Health Officer No. 6,

District File Number 1040-2730

Date Filed OCT 21 1947

OCT 14 1947

**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.....

Manuel W. Williams

Registered Apprentice No. 274

working under my personal supervision.

Signed

J. B. [Signature]

Licensed Embalmer No. 2689

P. O. Address

Keokuk 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.