

3-40  
-39  
K23159

STANDARD CERTIFICATE OF DEATH

State File No. **35612**

Registration District No. **417**

Primary Registration District No. **556 L.D.**

Registrar's No. **118**

**FILED NOV 15 1940**

*Te  
D.V. PATCHER*

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

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Rural — (JOPLIN TOWNSHIP.)**  
(c) Name of hospital or institution: **Rural Route #4 (CARTHAGE.)**  
(d) Length of stay: In hospital or institution **12 years**  
In this community **12 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Rural**  
(d) Street No. **R. R. #4**  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Mrs. Samantha E. Newman**

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

4. Sex **F.** 5. Color or race **W.** 6. (a) ~~Single, widowed, married,~~ **MARRIED**

6. (b) Name of husband or wife **Jacob Newman** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **December 10, 1870**

8. AGE: Years **70** Months **1** Days **19** If less than one day hr. min

9. Birthplace **No data Tenn.**

10. Usual occupation **Housewife**

11. Industry or business **1**

12. Name **James Thomas**

13. Birthplace **no data Tenn.**

14. Maiden name **Martha Beaver**

15. Birthplace **no data Tenn.**

16. (a) Informant **Jacob Newman**

(b) Address **Atlan. Mo. (CARTHAGE R. 4.)**

17. (a) **burial** (b) Date thereof **11/2/40**

(c) Place: burial or cremation **Sterling Cemetery**

18. (a) Signature of funeral director **Nedger Newman**

(b) Address **Webb City, Mo.**

19. (a) **NOV 14 40** (b) **D. P. Patcher**

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **31** year **1940** hour **7:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **er** **April 10**, 19**39**, to **October 31**, 19**40** that I last saw her alive on **October 30**, 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Cholera Asiatica**

Due to **Pulmonary Tuberculosis**

Other conditions **1 2 3**

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **3 7 1**

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature **D. P. Patcher** D.O. (M. D. or other) **3**  
Address **Jasper** Date signed **11/14/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*E. H. Hedge*

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

working under my personal supervision.

Signed.....

*E. H. Hedge*

Licensed Embalmer No. *2859*

P. O. Address *Wells City*

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

**If this body is not embalmed, fact should be so stated above.**