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DEC 11 1940
Registration District No. 74

Primary Registration District No. 5113

State File No. _____

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Reefers Fort
(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 all her life years, months or days _____ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Boone

(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.

3. (a) PRINT FULL NAME Sarah Jane Newman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31st year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female 5. Color or race White

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

(b) Name of husband or wife Jane Newman 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Jane (Month) 25 (Day) 1864 (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____

8. AGE: Years 76 Months 9 Days 6 If less than one day _____ hr. _____ min.

Due to _____ 92 C

Due to _____

9. Birthplace Callaway Co (City, town, or county) MO (State or foreign country)

10. Usual occupation House wife

Other conditions Senility & Debility (Include pregnancy within 3 months of death)

Major findings: due to age & over work.

11. Industry or business _____

12. Name Isaac H. Christian

13. Birthplace Boone Co (City, town, or county) MO (State or foreign country)

14. Maiden name Margaret J. Gay

15. Birthplace Boone Co (City, town, or county) MO (State or foreign country)

Of operations _____

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Jane L. Newman

(b) Address Stallville MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/1940 (Month) (Day) (Year)

(c) Place: burial or cremation Reefers Fort

18. (a) Signature of funeral director W. H. Randall

(b) Address Central City MO

19. (a) 11/3/1940 (Date received local registrar) (b) M. L. Lawrence (Registrar's signature)

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? _____

(Specify type of place) _____

While at work? _____ (Specify type of place) _____

(e) Means of injury _____

23. Signature M. L. Lawrence (M. D. or other) _____

Address Callaway Co MO Date signed _____

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

MOTHER FATHER

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 *Me*

Registered Apprentice No. *2589*

working under my personal supervision.

Signed *M. J. McDonald*

Licensed Embalmer No. *2589*

P. O. Address *Centralia, W.*

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, fact should be so stated above.