

No. 2
4-13-40
5-17-39
I X221993

JAN 25 1941

Registration District No. **668**

Primary Registration District No. **3639**

Registrar's No. **400**

1. PLACE OF DEATH

(a) County **Pettis**
(b) City or town **Sedalia Route 5- Harding Ave.**
(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 **25 years** (Specify whether)
years, months or days **2**

3. (a) PRINT FULL NAME **George McNew**

3. (b) If veteran, name war **none** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Marie Thomas McNew** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **September 11, 1881**
(Month) (Day) (Year)

8. AGE: Years **59** Months **3** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **Miller County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business _____

12. Name **William McNew**

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

14. Maiden name **Joanne Roark**

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

16. (a) Informant **Mrs. Marie McNew (wife)**

(b) Address **Rt. 5, Sedalia, Mo.**

17. (a) **burial** (b) Date thereof **Dec. 27, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill- Sedalia**

18. (a) Signature of funeral director **George E. Sneed**

(b) Address **Sedalia, Missouri**

19. (a) **12-27-40** (b) **Mrs. Harry Sneed**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) City or town **Sedalia** (b) County **Pettis**
(If outside city or town limits, write "RURAL")
(c) Street No. **Route 5- Harding Ave.** (If rural, give location)
(d) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **25** year **1940** hour **2** minute **32** P. M.

21. I hereby certify that I attended the deceased from **Dec 20th** to **Dec 25th** 19**40**
that I last saw him alive on **Dec 24** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Subarachnoid hemorrhage**
Due to **Subarachnoid hemorrhage**
Due to _____

Other conditions (Include pregnancy within 3 months of death) **27**

Major findings: Of operations _____

Of autopsy _____

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? _____

(Specify type of place) While at work _____ (e) Means of injury _____
23. Signature **Dr. Campbell** (M. D. or other) _____
Address **Sedalia, Mo** Date signed **12-27-40**

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

0
4
7

5

Dr. Campbell

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-14-44

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, ~~Dr. Campbell~~

Registered Apprentice No. _____

working under my personal supervision.

Signed

Phane Ewing

Licensed Embalmer No.

3847

P. O. Address

Sedalia

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.