

No. 2
4-13-40
5-17-39
P-1 X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6920

State File No. _____

MAR 11 1941 318

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 104

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 790 S. Fremont /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME George A. Newton

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Anna Newton 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased December 21, 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railway Express Employee

11. Industry or business Railway Express service

12. Name Lewis Newton

13. Birthplace Unknown / Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Louise Martin

15. Birthplace Unknown / Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Newton

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 2/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 2-6-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 790 S. Fremont 6
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5,
year 1941 hour 11:15 minute _____ A.M.

21. I hereby certify that I attended the deceased from May 8, 1940, to February 5, 1941;
that I last saw him alive on Feb 5, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis and Myocardial Degeneration Duration 2 years

Due to Hypertension
Due to Arteriosclerosis

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy None
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? at
(Specify type of place) (e) Means of injury

Signature Kenneth Coffelt (M. D. or other) M.D.
Address 518 Holland Bldg. Springfield, Mo. signed 2-7-41

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

19
2
6

f-5

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. J. Lewis, Registered Apprentice No. *204*
working under my personal supervision.

Signed.....
E. J. Lewis,

Licensed Embalmer No. *1767*

P. O. Address *Springfield 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, fact should be so stated above.