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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MAR 19 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

7944

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

Registration District No. 135

Primary Registration District No. 3034

Registrar's No. 50

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
117 So. Clark  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly  
(If outside city or town limits, write "RURAL")

(d) Street No. 117 So. Clark  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Sophia Catherine Newton

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 Louis C Newton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 1st 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>23</u>	_____ hr. _____ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Harry Kincaid

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Wickerson

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis C Newton

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Feb 26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mulvan and Son

(b) Address Moberly

19. (a) 2/26/41 (b) Leah Wickerson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th  
year 1941 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb 22 41  
\_\_\_\_\_ 19\_\_\_\_, to Feb 24 1941;  
that I last saw her alive on Feb 24 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure  
Myocardial Degeneration

Due to arteriosclerosis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
1. 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 [Signature] (M. D. or other) \_\_\_\_\_  
Address [Address] Date signed 2/26

RECEIVED

District Health Officer No. 10

District File Number 3-41-564

Date Filed MAR 10 1948

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Frank B DeWitt*

Licensed Embalmer No.

*3021*

P. O. Address

*Moberly, 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.