

S. No. 2  
—11-10-39  
v. 5-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

JUN 5 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17543

Registration District No. 181

Primary Registration District No. 4107

Registrar's No. \_\_\_\_\_

### 1. PLACE OF DEATH:

(a) County Christian  
 (b) City or town Billings, Mo.  
(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 years, months or days)  
 In this community 13 years

### 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian  
 (c) City or town Billings, Mo.  
(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 Bertie Ola Newton

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

4. Sex 21 5. Color or race w. 6. (a) Single, widowed, married, divorced W.D.

6. (b) Name of husband or wife G. P. Newton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 12 1877  
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name John Pace

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

14. Maiden name Virginia Kardman

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

16. (a) Informant Bertie Newton

(b) Address Billings Mo.

17. (a) Burial (b) Date thereof May 30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thomas Cemetery

18. (a) Signature of funeral director Wallace F. Ford

(b) Address Billings, Mo.

19. (a) May 21-41 (b) Mrs. Ima Brown  
(Date received local registrar) (Registrar's signature)

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
 year 1941 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 6, 1940, to May 28, 1941;  
 that I last saw her alive on May 28, 1941;  
 and that death occurred on the date and hour stated above

Immediate cause of death Carcinoma of bladder Duration 3 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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? \_\_\_\_\_

23. Signature Charles A. Spears (M.D. or other) M.D.

Address Billings Date signed 5-28

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

060

RECEIVED

District Health Officer No. 6,

District File Number 641-840

Date Filed JUN 3 1941

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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 Andrew G. Goffis

Licensed Embalmer No. 3699

P. O. Address Billings, 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, above space should be left blank.