

DEC 15 1941

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 317

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

1. PLACE OF DEATH: Calloway
 (a) County
 (b) City or town: Fulton City, Rural - R. #5
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Blair Hospital no 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community: Calloway (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME: Samuel Joseph Newland
 3. (b) If veteran, name war: No
 3. (c) Social Security No.: NONE

4. Sex: male 5. Color or race: white
 6. (a) Single, widowed, married, divorced: single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased: May 22 1954
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 57 28 hr. min.

9. Birthplace: Calloway County Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farming

12. Name: Samuel Newland

13. Birthplace: 1 Ky
 (City, town, or county) (State or foreign country)

14. Maiden name: Mary Martin
 (City, town, or county) (State or foreign country)

15. Birthplace: 1 Ky
 (City, town, or county) (State or foreign country)

16. (a) Informant: M. E. Newland

(b) Address: Fulton Mo. R.F.D.

17. (a) BURIAL (b) Date thereof: 11/22/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: WHITE CLOUD CEMETERY

18. (a) Signature of funeral director: Geo. S. Wallace
 (b) Address: FULTON, MISSOURI

19. (a) Nov 22, 1941 (b) R. M. Crews
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Mo (b) County: Calloway
 (c) City or town: rural - R.R. #5
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 6 1/2 MILE NORTHWEST OF FULTON
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
 year 1941 hour 11 minute 25 A.M.
 21. I hereby certify that I attended the deceased from Nov
10, 1941, to Nov 20, 1941;
 that I last saw h ~ alive on Nov 20, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho pneumonia
 Due to _____

Due to: Arterio Sclerosis
 Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: 107
 Of operations _____
 Of autopsy _____

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?

While at work? _____ (Specify type of place)
 (c) Means of injury: 0

23. Signature: James Thomas (M. D. or other)
 Address: Blair Hospital Date signed: 11/20/41

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

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..... *Albert E. White*.....

Licensed Embalmer No. *4168*.....

P. O. Address *Fulton, 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.