

U.S. No. 2  
DM-9-4-41  
Rev. 5-17-39  
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6472

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 16 1942 247

Registration District No. ....

Primary Registration District No. 5334B

Registrar's No. 6

30  
00  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Rural S. Benton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(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) 2 years

In this community 2 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DALLAS

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

(d) Street No. Buffalo Mo.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME Mary Fetta Newman

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3  
year 1942 hour 8 minute 7 P. M.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife C. A. Newman 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 2-18-1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased on  
2-25-1942 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 1 Days..... If less than one day hr. min.

Immediate cause of death Cerebral hemorrhage Duration 3 mo

Due to Arterio Sclerosis years

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

10. Usual occupation House Wife

Other conditions 8301  
(Include pregnancy within 3 months of death)

MOTHER { 11. Industry or business.....

12. Name Jefferson Cook

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

14. Maiden name.....

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

PHYSICIAN

Major findings: None  
Of operations.....

Of autopsy.....

16. (a) Informant C. A. Newman

(b) Address Buffalo Mo

17. (a) Burial (b) Date thereof 2-5-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Home

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) (e) Means of injury X

18. (a) Signature of funeral director L. B. Jones

(b) Address Buffalo Mo.

19. (a) 3-9-42 (b) Mrs. Arthur Hooper  
(Date received local registrar) (Registrar's signature)

23. Signature L. B. Jones (M. D. or other) M.D.  
Address Buffalo Mo Date signed 3-6-42

11245 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 3-42-244

Date Filed 3-13-42

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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 Lelyde Montgomery  
Licensed Embalmer No. 3592  
P. O. Address Buffalo, 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.