

S. No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10135

State File No. _____

FILED APR 7 1942

Registrar's No. 12

Registration District No. 8

Primary Registration District No. 203

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Rural West Lindsey Twp. Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.F.D. 1 Warsaw Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 23 years (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME John Albert Newton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lillie Ora Parker

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Nov. 19 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>4</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. J. A. Newton

(b) Address R.F.S. 1 Warsaw, Mo.

17. (a) Burial (b) Date thereof Mar. 27, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill, Weston Mo.

18. (a) Signature of funeral director _____

(b) Address Warsaw Mo.

19. (a) 3/28/42 (b) Geo A. Logan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

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

(d) Street No. West Lindsey Twp. Rt. 1 Warsaw Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1942 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from March, 3, 1942, 19____, to March, 26, 1942, 19____; that I last saw him alive on March, 25, 1942, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Senility with dementia

Duration 30 days

Due to _____

Due to 1626

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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature [Signature] (M.D. or other) _____

Address Warsaw, Mo. Date signed 3-26-42

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

0800

RECEIVED

District Health Officer No. 7,

District File Number 4-42-267

Date Filed 4-2-42

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.....

David H. Lupton

Licensed Embalmer No. 3053

P. O. Address Warsaw 116.

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.