

BUREAU OF THE CENSUS
FILED JUN 16 1942

Registration District No. 241

Primary Registration District No. 4147

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Buffalo
(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)
In this community 87 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas
(c) City or town Buffalo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Moses Calvin Newport

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

4. Sex MD 5. Color or race W 6. (a) Single, widowed, married, divorced. 2 W

6. (b) Name of husband or wife Marj Ellen 6. (c) Age of husband or wife if alive years

7. Birth date of deceased. 4-15-1855
(Month) (Day) (Year)

8. AGE: Years 87 Months 24 Days If less than one day hr. min.

9. Birthplace Dallas Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer & merchant

11. Industry or business

12. Name John Newport

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

14. Maiden name

15. Birthplace

16. (a) Informant JACK NEWPORT
(b) Address Springfield Mo.

17. (a) BURIAL (b) Date thereof 5-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAKLAWN

18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo Mo.
19. (a) 5/12/1942 (b) John Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 9
year 1942 hour 17 minute 7 P. M.

21. I hereby certify that I attended the deceased from 5-6 1942 to 5-9 1942
that I last saw him alive on May 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Influenza

Due to Senile dementia

Other conditions Senile dementia
(Include pregnancy within 3 months of death)

Major findings:
Of operations 101
Of autopsy

Duration

4 days

10 days

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) (e) Means of injury

23. Signature G. Phemmer (M. D. or other) MO
Address Buffalo Mo Date signed 5-14-42

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

3000

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 6-42-666

Date Filed 6-15-42

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

Clyde Montgomery

Licensed Embalmer No. 3572

P. O. Address Buffalo, N.Y.

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.