

FILED JUN 12 1942

Registration District No. 257

Primary Registration District No. 45-19

Registrar's No. 12

25
00

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

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Newtown, Mo.
(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 _____ (years, months or days)

3. (a) PRINT FULL NAME Sarah F. Nowlin

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex <u>F. 1</u>	5. Color or race <u>W.</u>	6. (a) Single, widowed, married, divorced <u>married</u>
6. (b) Name of husband or wife <u>Frank Nowlin</u>		6. (c) Age of husband or wife if alive <u>72</u> years
7. Birth date of deceased <u>May</u> (Month)		<u>25 1942</u> (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>4</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Calvert

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

14. Maiden name Mary McKern

15. Birthplace Mercer County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Nowlin

(b) Address Newtown

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-13-42
(Month) (Day) (Year)

(c) Place: burial or cremation Newtown

18. (a) Signature of funeral director _____ (b) Address Newtown

19. (a) May 15-1942 (Date received local registrar) (b) Mrs Sadie Johnson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan ¹⁰⁵

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

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A. _____ year.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1942 hour 30 minute P. M.

21. I hereby certify that I attended the deceased from May 1, 1942, to May 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Hypertension
Chronic nephritis

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. A. Daly (M. D. or other) P.O.
Address Newtown, Mo. Date signed 5/11/42

1102

RECEIVED

District Health Officer No. 10

District File Number 642-1253

Date Filed APR - 9 1947

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 T. Howard Field

Licensed Embalmer No. 248

P. O. Address New York

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.