S. No. 2
—11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1942

Registration District No. 875

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6162

19264

State File No.

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 3 Nevada, Mo 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 yrs, 3 mos 22 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene

(c) City or town Springfield 108 D
(If outside city or town limits, write "RURAL")

(d) Street No. 2139 Howard St
(If rural, give location)

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

3. (a) PRINT FULL NAME Paul Monroe Newbill

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 9th (Day) 1883 (Year)

8. AGE: Years 58 Months 7 Days 23 If less than one day hr. min.

9. Birthplace Greene County (City, town, or county) 0 (State or foreign country)

10. Usual occupation Civil Engineer

11. Industry or business

FATHER
12. Name Virgil M. Newbill
13. Birthplace (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Addie V. Hardy
15. Birthplace (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant State Hospital Records
(b) Address Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/42 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Mark Eichinger
(b) Address Nevada, Mo.

19. (a) 5-2-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1942 7 hour 0 minute A. M.

21. I hereby certify that I attended the deceased from Aug 24th, 1939, to May 2nd, 1942 that I last saw him alive on May 2nd, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Heart Dis

Due to

Due to

Other conditions Minimal pulmonary tuberculosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

13 b

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

23. Signature G. S. Waraich (M. D. ~~or other~~)
Address Nevada, Mo Date signed 5/2/42

1231 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 6-42-649
Date Filed 6-11-42

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 Mark Eichenger

Licensed Embalmer No. 2656

P. O. Address Nevada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.