

FILED AUG 14 1942

Registration District No. 810

Primary Registration District No. 6062

Registrar's No. 40

1. PLACE OF DEATH: Scotland Co.
 (a) County Scotland Co.
 (b) City or town Miller Union
 (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 1
 In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 99
 (a) State Missouri (b) County Scotland
 (c) City or town 0 (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Ernest Priest Newland
 3. (b) If veteran, name war --- 3. (c) Social Security No. ---

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 26
 year 1942 hour 3 minute 30 P.M.
 21. I hereby certify that I attended the deceased from July 26 1942 to July 26 1942
 that I last saw him alive on July 26 1942
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive 30 years (Day) (Year)

Immediate cause of death Drowning
 Due to not able to swim

7. Birth date of deceased April 30 1910
 (Month) (Day) (Year)

Due to not able to swim
 Other conditions (Include pregnancy within 3 months of death) ---

8. AGE: Years 12 Months 2 Days 26 If less than one day hr. min.
 9. Birthplace Scotland Co. Mo. 0 (City, town, or county) (State or foreign country)
 10. Usual occupation School age

Due to not able to swim
 Other conditions (Include pregnancy within 3 months of death) ---

11. Industry or business ---
 12. Name Lowell Newland
 13. Birthplace Scotland Co. Mo. 0 (City, town, or county) (State or foreign country)
 14. Maiden name Bertha Priest
 15. Birthplace Scotland Co. Mo. 0 (City, town, or county) (State or foreign country)

Major findings: ---
 Of operations ---
 Of autopsy ---
 PHYSICIAN ---
 Underline the cause to which death should be charged statistically.

16. (a) Informant Lowell Newland
 (b) Address Downings mo
 17. (a) Burial (b) Date thereof July 27 1942 (Month) (Day) (Year)
 (c) Place: burial or cremation Burial

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident 099
 (b) Date of occurrence July 26 1942
 (c) Where did injury occur? Scotland Co, Mo (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm Pond

18. (a) Signature of funeral director Lloyd Moore
 (b) Address Downings mo
 19. (a) July 30 1942 (b) Bertha Wilson (Date received local registrar) (Registrar's signature)

While at work? no (Specify type of place) (e) Means of injury ---
 23. Signature A.M. Keethler (M. D. or other) ---
 Address Memphis Mo Date signed 7-26-42

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

99
0
0

SEP 4 1942

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RECEIVED

District Health Officer No. 10

District File Number 8-42-1538

Date Filed AUG 11 1942

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 *me*

Registered Apprentice No.

working under my personal supervision.

Signed

Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address *Douglas, 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.