

RECEIVED SEP 15 1942

Registrar's No. 1849

Registration District No. 281

Primary Registration District No. 6034

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town West Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution at Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Ripley
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi. South-east of
(If rural, give location)
(e) Citizen of foreign country? Nonphan (Yes or No)
If yes, name country native born

3. (a) PRINT FULL NAME Andrew Arthur McNew
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 14
year 1942 hour 11 minute 15 A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
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 Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death _____
Due to _____
Due to _____

7. Birth date of deceased July 28 1942
(Month) (Day) (Year)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years ✓ Months ✓ Days 18 If less than one day _____ hr. _____ min.

Due to Death without medical attendance

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

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? _____

10. Usual occupation Infant
11. Industry or business _____
12. Name Tom McNew
13. Birthplace Denton Co Texas (City, town, or county) (State or foreign country)

2000
PHYSICIAN
Underline the cause to which death should be charged statistically.

14. Maiden name Louise C. Greenberry
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Tom McNew
(b) Address Doniphan Mo

17. (a) Burial (b) Date thereof 8-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harris-Hamphreys Cemetery

18. (a) Signature of funeral director family
(b) Address Doniphan Mo
19. (a) 8-21-42 (b) E. B. Johnston
(Date received local registrar) (Registrar's signature)

23. Signature Clifford G. Gosh... (M. D. or other)
Address Doniphan Mo Date signed _____
(Specify type of place) _____ (e) Means of injury _____

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

RECEIVED

District Health Officer No. 5,

District File Number 942852

Date Filed 9-14-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.