

S. No. 2
4-1-4-41
7. 5-17-39
I X26390

Dn. Focht 30275
State File No. 30275
Registrar's No. 8

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED OCT 3 1942

Registration District No. 130

Primary Registration District No. 5463-A

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

39
8

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Strafford, Missouri (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)

In this community 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene **39**

(c) City or town Strafford (If outside city or town limits, write "RURAL") **0**

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

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Robert Ray New

3. (b) If veteran, name war Infant

3. (c) Social Security No. Infant

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Infant

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

7. Birth date of deceased June 23, 1942 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3 year 1942 hour 11:20 minute A.M.

21. I hereby certify that I attended the deceased from Aug. 20, 1942 to Sept 3, 1942 that I last saw him alive on Sept. 13, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

0 2 10 hr. min.

Immediate cause of death Hypertrophy of Liver **1 Month**

Due to Unknown

9. Birthplace Springfield, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Infant

Other conditions (Include pregnancy within 3 months of death) **3**

11. Industry or business _____

MOTHER FATHER { 12. Name Floyd Ray New

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

14. Maiden name Alma Louise Kopley

15. Birthplace Springfield, Missouri (City, town, or county) (State or foreign country)

Major findings: Of operations **1258**

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Floyd R. New

(b) Address Strafford, Missouri

17. (a) Burial (b) Date thereof Sept. 5, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Danforth Cemetery

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? _____

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) Sept. 7, 1942 (b) Harland Harrison (Date received local registrar) (Registrar's signature)

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

23. Signature R. H. Focht (M. D. or other) **MD**

Address Strafford Mo Date signed 9/7/42

1246 (Licensed Embalmer's Statement on Reverse Side)

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.