V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37853

Registration District No. 292 Primary Registration District No. 6002. Registrar's No.

1. PLACE OF DEATH:
(a) County Ralls.
(b) City or town Rural Saltriver Township.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Perry, Missouri R.F.D. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 73 Yrs.

2. USUAL RESIDENCE OF DECEASED: 87 0 0
(a) State Missouri (b) County Ralls
(c) City or town Rural Saltriver Township
(If outside city or town limits, write "RURAL")
(d) Street No. Perry, Missouri R.F.D.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ada Zelema Newton.
3. (b) If veteran, name war
3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Louis H. Newton.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 28, 1869 (Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Ralls County, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business Home.
FATHER 12. Name R. D. Riley.
13. Birthplace Ralls County, (City, town, or county) Missouri. (State or foreign country)
MOTHER 14. Maiden name Lucinda White.
15. Birthplace Keatsville, (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant Rich Newton.
(b) Address Perry, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation Elk Creek Cemetery.
18. (a) Signature of funeral director Clyde Wilkey
(b) Address Perry, Missouri.
19. (a) 10/30/42 (Date received local registrar) (b) Mrs. Earl Perkinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29th year 1942 hour 9:00 minute A.M.
21. I hereby certify that I attended the deceased from Oct. 20 - 1942, to Oct. 28 - 1942, that I last saw her alive on Oct. 28 1942, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Chronic heart trouble and Brights disease
Due to (Chronic Parenchymatous nephritis)
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. E. Sutter (M. D.)
Address Perry, Missouri Date signed 10/30/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-42-4020
Date Filed Dec-8-1942

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~~ Clyde W. Willey, Registered Apprentice No. ....., working under my personal supervision.

Signed Clyde W. Willey
Licensed Embalmer No. 3820
P. O. Address Perry Ga.

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.