S. No. 2
M—9-4-41
5-17-39
I X29484

97
1
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3644

FILED JAN 18 1943

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 203

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 101 N. Miami St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Saline 97 1
(c) City or town Marshall 2
(If outside city or town limits, write "RURAL")
(d) Street No. 101 N. Miami St.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME Betty Louise Newton
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race wh 1
6. (a) Single, widowed, married, divorced ✓ 0
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased July (Month) 27 (Day) 1942 (Year)

8. AGE: Years ✓ Months 5 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Marshall (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓
FATHER
12. Name Bernard C. Newton
13. Birthplace Gilliam (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Susie May Jolliff
15. Birthplace Marshall (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Bernard C. Newton
(b) Address Marshall Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cem.
18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall Mo.
19. (a) 12-31-42 (Date received local registrar) (b) Mrs T. Orkestbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1942 hour 6:20 minute P. M.
21. I hereby certify that I attended the deceased from Dec 30, 1942 to Dec 30, 1942 that I last saw her alive on Dec 30, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: meningitis	7 days
Due to: otitis media & brain abscess	
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 W. R. Mix M.D. (M. D. or other)
Address Marshall, Mo. Date signed 1942

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 1-15-43

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.

This body was wrapped in cotton and soaked with cavity fluid.

Signed R.W. Campbell

Licensed Embalmer No. 3469

P. O. Address Marshall 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.