

7. S. No. 2  
OM-5-42  
v. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

74  
2  
MAR 10 1943  
Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: St. Francis  
(If not in hospital or institution, write street number or location)

(d) Length of stay: 5 days In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Skidmore  
(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 .....

3. (a) PRINT FULL NAME James Henry Newton

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Lena May Newton

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: Jan. 10 1867  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>1</u>	<u>3</u>	.....hr. ....min.

9. Birthplace Canton Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business Boliver Newton

MOTHER FATHER { 12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Elwood Barrett

(b) Address Maryville Mo.

17. (a) burial (b) Date thereof 2-15-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Skidmore Cemetery

18. (a) Signature of funeral director Pica Funeral Home

(b) Address Maryville Mo.

19. (a) 2-13-43 (b) Mary Cole  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 Saturday  
year 1943 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 8 1943 to Feb 13 1943; that I last saw him alive on Feb 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: mesenteric thrombosis / day

Due to general arteriosclerosis (not known)

Other conditions: myocardial failure 6 months

Major findings: 99.1

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) (e) Means of injury .....

23. Signature F. A. Blomquist (M. D. or other) .....

Address Maryville Date signed 2-13-43

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

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**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..... *Clem M. Price*.....

Licensed Embalmer No. *1822*.....

P. O. Address *Maywell, 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.**