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-7-39  
X26330

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10869**

**LED MAR 31 1943**

Registration District No. **210**

Primary Registration District No. **4322**

Registrar's No. **105**

**1. PLACE OF DEATH:**  
 (a) County **Merces**  
 (b) City or town **Princeton**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Astell Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **4 hours**  
(Specify whether)  
 In this community **no**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Merces**  
 (c) City or town **Spickard**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **no.** (If rural, give location)  
 (e) Citizen of foreign country? **no.** (Yes or No)  
 If yes, name country **no**

**3. (a) PRINT FULL NAME** **John Ed Newman**

**3. (b) If veteran, name war** **no** **3. (c) Social Security No.** **none**

**4. Sex** **Male** **5. Color or race** **White** **(a) Single, widowed, married, divorced, widowed**

**6. (b) Name of husband or wife** **Etha V. Newman** **6. (c) Age of husband or wife if alive, dead, years** **deady**

**7. Birth date of deceased** **April 20, 1868**  
(Month) (Day) (Year)

<b>8. AGE:</b>	<b>Years</b>	<b>Months</b>	<b>Days</b>	<b>If less than one day</b>
	<b>74</b>	<b>10</b>	<b>7</b>	<b>min.</b>

**9. Birthplace** **Payson Illinois**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Farmer**

**11. Industry or business**

**12. Name** **William Newman**

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

**14. Maiden name** **Amanda Johnson**

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

**16. (a) Informant** **Nathan A. Newman**

**(b) Address** **Milan, Mo.**

**17. (a) Burial** **(b) Date thereof** **Mar. 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial** **Asbury Cemetery Milan**

**18. (a) Signature of funeral director** **Frank**

**(b) Address** **3-7-43** **(c) Registrar's signature** **John Deery**

**19. (a) (Date received local registrar)** **(b) (Registrar's signature)**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Febr.** day **27**  
year **1943** hour **12: noon** M.

**21. I hereby certify that I attended the deceased from** **1935** to **2/27/43** 19;  
that I last saw h. **im** alive on **2/27/43** 19;

and that death occurred on the date and hour stated above.

Immediate cause of death **bronchopneumonia** **Purification** **1 da.**

Due to **chronic myocarditis** **5 yrs.**

Due to **938**

Other conditions **938**  
(Include pregnancy within 3 months of death)

**22. If death was due to external causes, fill in the following:**  
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?** \_\_\_\_\_

**(e) While at work?** \_\_\_\_\_ (Specify type of place)

**(f) Means of injury** \_\_\_\_\_

**23. Signature** **W. Harris** (M. D. or other) **D. O.**

**Address** **Harris, Mo.** **Date signed** **3/9/43**

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

MOTHER FATHER

65  
0

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APR 1 1967

**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 *Frank D. Schwen*

Licensed Embalmer No. *2916*

P. O. Address *Milam, N*

**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.**