

FILED APR 14 1943

Registration District No. 282

Primary Registration District No. 5971

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town Bellevue - rural - N.E. Marian  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days none

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk  
(c) City or town Bellevue - rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. About 3 1/2 miles N. East  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Margrot Ellen Newell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female / race white 5. Color or race \_\_\_\_\_  
6. (a) Single, widowed, married, divorced divorced widowed  
6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive none years  
7. Birth date of deceased April 12 1857  
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name H. E. Smith

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

14. Maiden name unknown

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

16. (a) Informant Herbert Newell

(b) Address Springfield Mo

17. (a) Buried (b) Date thereof Feb 13 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Chas. J. Hitchcock

(b) Address Bellevue Mo

19. (a) Mar 15 1943 (b) Alice Palen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10  
year 1943 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2-10 1943 to \_\_\_\_\_ 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;

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

Immediate cause of death acute heart failure

Due to chronic myocarditis

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 938

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature Chas. J. Hitchcock (M.D. or other) Palmer

Address Bellevue, Mo. Date signed 2-23-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

11-2-8 511

RECEIVED  
District Health Officer No. 7,  
District File Number 3-43-10  
Date Filed 4-3-43

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.

Signed Obey J. Miller  
Licensed Embalmer No. 4154

P. O. Address Bolivar 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.