

U. S. No. 2  
M-11-10-39  
5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13977

State File No. \_\_\_\_\_

Registration District No. 59

Primary Registration District No. 4095

Registrar's No. 83

1900  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County CASS

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

(c) Name of hospital or institution:  
Not in hospital. At own home.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Does not apply.  
(Specify whether years, months or days)

In this community 42 years.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

(c) City or town Drexel  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

8. (a) PRINT FULL NAME IRA ASA NEW.

8. (b) If veteran, name war None.

8. (c) Social Security No. 500-22-1917

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Clara New.

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August 11 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>8</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace Christian County, Illinois.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer, Retired.

11. Industry or business General Farmer, Retd.

12. Name James M. New.

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

14. Maiden name Frances Humpleby

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

16. (a) Informant Vera N. Miller,

(b) Address Drexel, Missouri.

17. (a) Burial (b) Date thereof 4-15-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sharon Cemetery.

18. (a) Signature of funeral director [Signature]

(b) Address Drexel, Missouri.

19. (a) 4/14/43. (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12  
year 1943 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from April 5, 1943, to April 12, 1943; that I last saw him alive on April 12, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Cerebral Hemorrhage 7 da  
Duration

Due to Skull fracture, - fell from truck while unloading sacked-feed striking head on cement floor.

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations None  
Of autopsy None

PHYSICIAN None  
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) accident 019

(b) Date of occurrence April 5 1943

(c) Where did injury occur? Drexel Cass Mo  
(City or town) (County) (State)

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

While at work? yes (Specify type of place)  
(e) Means of injury. see No 21

23. Signature Basel Hartwell (M. D. or other)

Address Drexel Mo Date signed 4-14-43

1047

JUN 8 1949

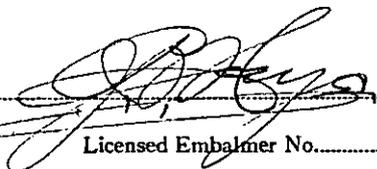
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~XXX~~ personally

~~XXXXXXXXXXXXXXXXXXXX~~

word ~~XXXXXXXXXXXXXXXXXXXX~~

Signed



Licensed Embalmer No. 1950

P. O. Address Drexel, Missouri

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, above space should be left blank.