

S. No. 2  
M-5-42  
7-5-12-38

18730

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 4 1943

Registration District No. 280

Primary Registration District No. 5967

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Platte  
(b) City or town Weston, Township Rural  
(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 none  
In this community entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte  
(c) City or town Rural  
(d) Street No. Weston, Township  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: 0

3. (a) PRINT FULL NAME Ella Davis Newton

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Dec. 25 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 4 22  
hr. min.

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

10. Usual occupation retired teacher

11. Industry or business

12. Name Andrew G. Newton  
13. Birthplace Baltimore Missouri  
14. Maiden name Evelynne Quinn  
15. Birthplace Platte Co. Missouri

16. (a) Informant Virginia Newton  
(b) Address Weston, Missouri

17. (a) Burial (b) Date thereof May 19/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cem

18. (a) Signature of funeral director W. R. Vaughn  
(b) Address Weston, Missouri

19. (a) 5-19-43 (b) Mrs Clay Sifflee  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
year 1943 hour 12 minute 45 PM

21. I hereby certify that I attended the deceased from May 15  
1943, to May 17  
that I last saw her alive on May 17  
and that death occurred on the date and hour stated above.

Immediate cause of death acute Endocarditis  
Due to Sarcoma of Breast  
Due to.....

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

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?.....  
(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 P. J. Pelling (M. D. or other) DO  
Address Weston Date signed 5/19/43

Duration

5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**RECEIVED**

District Health Officer No. Platte

District File Number 6-43-53

Date Filed 6-2-43

---

---

**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 W. R. Daugherty

Licensed Embalmer No. 4823

P. O. Address Weston, 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.