

Registration District No. **210082**

Primary Registration District No. **377-2017**

Registrar's No. **106**

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: Ravenhurst Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Days
(Specify whether years, months or days)

In this community 64 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper

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

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH-NEWMAN

3. (b) If veteran, name war No

3. (c) Social Security No. No

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

6. (b) Name of husband or wife Edward Newman 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Aug-31-1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1943 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 15 1943 to Aug 29 1943
that I last saw her alive on Aug 29 1943
and that death occurred on the date and hour stated above.

8. AGE: 64 Years 11 Months 28 Days 4 hr. 4 min.

Immediate cause of death: In testinal obstruction

Due to: Strangulated femoral hernia

Other conditions: 127 hr

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

10. Usual occupation Housewife

Major findings: Jaundice of intestines

Of operations No

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name John Brush

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

14. Maiden name Mary Powell

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

16. (a) Informant Albert W. Newman

(b) Address Sidulia Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

17. (a) Burial (b) Date thereof 8-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Church

(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?

18. (a) Signature of funeral director Ray Spangler

(b) Address 1115 Grove Mo

19. (a) Aug 30-43 (b) Dr. Chas. Swap
(Date received local registrar) (Registrar's signature)

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

23. Signature Alvin R. Ramey (M. D. or other)

Address Boonville Mo Date signed Aug 30, 1943

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

RECEIVED

District Health Officer No. 83

Case File Number.....

Date Filed 9-1-43.....

SEP 13 1943

SEP 17 1943

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 James W. Stegner.....

Licensed Embalmer No. 3780.....

P. O. Address Boonville, 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.