

FILED AUG 21 1943

Registration District No. 215

Primary Registration District No. 5783

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Miller

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 75 yrs. years, months or days (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller

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

(d) Street No. Iberia - R#2  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES TIMMAN NEWHART

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Eleanor (mae) Newhart 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Feb 12 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 5 27 hr. \_\_\_\_\_ min.

9. Birthplace Williamsport, Penn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

MOTHER FATHER

12. Name William Peter Newhart

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

14. Maiden name Sophia Lindenmann

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

16. (a) Informant Mrs. Anna Albott

(b) Address Iberia Mo

17. (a) Burial (b) Date thereof 8-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem. Newhart, Mo

18. (a) Signature of funeral director Ch. Casey

(b) Address Iberia - Mo

19. (a) Aug 13, 43 (b) Jessie Perkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8 year 1943 hour \_\_\_\_\_ minute 7:30 P.M.

21. I hereby certify that I attended the deceased from May 21 1944 to August 18 1943; that I last saw him alive on August 7 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Blastic Carcinoma Duration 2 yrs.

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

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

Other conditions (include pregnancy within 3 months of death) H-6

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) (e) Means of injury ?

23. Signature Wm. A. Gould (M.D. or other) DO.

Address Iberia Mo Date signed 8/10/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1600

1017

SEP 1 1943

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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.....

*Ed Casey*

.....  
Licensed Embalmer No. *2694*

P. O. Address *Berea MD*

**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.**