

Newt MAHAN

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

38849  
Do not use this space.

FILED DEC 11 1943

1. PLACE OF DEATH

(a) County Ozark Registration District No. 263  
(b) Township W. Ozark Primary Registration District No. 52889  
(c) City Pontiac mo Street No. 3-890 Registered No. 2  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number) Mahan

2. PRINT FULL NAME

(a) Residence, No. Pontiac mo St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28-1878  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 10 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Farming  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baxter Co Ark  
Mahan

13. NAME Wm Mahan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Co mo

15. MAIDEN NAME Martha Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) Miss Margaret Mahan  
Pontiac mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pontiac mo DATE Nov 17 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McClure Funeral Home  
Waverlyville mo

20. FILED Nov 17 1943 Mary Johnson  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15-1943

22. I HEREBY CERTIFY, That I attended deceased from April 1943, to Nov 15, 1943  
I last saw h. alive on Nov 14, 1943. Death is said to have occurred on the date stated above, at 11:20 P.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate  
Prostate  
2 1/2 years duration

Other contributory causes of importance: 5/8

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify no  
(Signed) M. J. Hoerman M.D.  
(Address) Waverlyville, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District No. 0

District No. 1243-1367

Date Filed DEC 8 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

*Lawrence R. Hall*

Licensed Embalmer No.

*2784*

P. O. Address

*Wilmington*

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.