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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41490

Registration District No. FILED JAN 12 1944 10

Primary Registration District No. 3002

Registrar's No. 177

1. PLACE OF DEATH:

(a) County AUDRAIN

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

(c) Name of hospital or institution: AUDRAIN COUNTY HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 DAYS. (Specify whether
In this community 1 MONTH
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County AUDRAIN

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

(d) Street No. 509 N. JEFFERSON
(If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME SALLIE L. NEWLAND

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex F

5. Color or race W

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 JAN (Month) 3 (Day) 1858 (Year)

8. AGE: Years 85 Months 11 Days 24 If less than one day hr. min.

9. Birthplace UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)

10. Usual occupation RETIRED TEACHER.

11. Industry or business

FATHER
12. Name HARRY NEWLAND
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name ANNIE E. BRYAN
15. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant Chas. C. Hardy
(b) Address Vandalia, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 29 1943 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA, ST. LOUIS

18. (a) Signature of funeral director W. S. Waters
(b) Address Vandalia, Mo.

19. (a) Dec 27 1943 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1943 hour 12:48 minute P M.

21. I hereby certify that I attended the deceased from Dec 14 1943, to Dec 27 1943;
that I last saw her alive on Dec 27 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General arteriosclerosis Senile dementia	
Due to Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

Major findings:
Of operations none
Of autopsy NO

PHYSICIAN
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) NO
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H C Brashear (M. D. or other) M.D.
Address Mexico, Mo Date signed 12/27/42

1077

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-44-108
Date Filed JAN 11 1944

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. S. Waters

Licensed Embalmer No. 4298

P. O. Address Vacaville, Cal

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.