

Registration District No. **316**

Primary Registration District No. **3060**

1. PLACE OF DEATH:
(a) County **St. Francois**
(b) City or town **Farmington, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **40 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Maudie Lee Newburger**
(b) If veteran, name war: _____ (c) Social Security No. _____

4. Sex **Female** 5. Color or race **W**
6. (a) Name of husband or wife **Fred Newburger** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **Jan 17 1903** (Month) (Day) (Year)

8. AGE: Years **40** Months **10** Days **18** If less than one day hr. min.

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

10. Usual occupation **Homemaker**

11. Industry or business
12. Name **Wm Alexander**
13. Birthplace **Ill** (City, town or county) (State or foreign country)
14. Maiden name **Maudie Bennett**
15. Birthplace **Ill** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dock Parker**
(b) Address **Farmington Mo**

17. (a) **Burial** (b) Date thereof **Dec 7 43** (Month) (Day) (Year)
(c) Place: burial or cremation **Mealey Chapel**

18. (a) Signature of funeral director **Wm. J. ...**
(b) Address **Farmington Mo**

19. (a) **Dec-9-1943** (b) **Byrdie Bukhmer** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **St. Francois**
(c) City or town **Farmington** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **5** year **1943** hour **5** minute **a.** M.
21. I hereby certify that I attended the deceased from **2 Nov 1943** to **Dec 5 1943**
that I last saw him alive on **Dec 1 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis** Duration **2 1/2 yrs.**

Due to _____
Due to **30a**
Other conditions _____ (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? _____ (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) Means of injury _____
23. Signature **Geo. H. ...** (M. D. or other) Address **Farmington Mo** Date signed **12-6-43**

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

2
-43
-39
1 X35697

74
4
1

1196

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 144-3107
Date Filed 1-5-44

JUL 31 1958

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.....

..... me, Registered Apprentice No.....
working under my personal supervision.

Signed..... C. H. Hagan,
Licensed Embalmer No. 4084,
P. O. Address Farmington, 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.