

U.S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

FILED MAR 8 1944
Registration District No. **49**

Primary Registration District No. **5175**

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

1. PLACE OF DEATH:

(a) County **CAMDEN COUNTY**

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

(c) Name of hospital or institution: **Dea - Mo. 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) **ALWAYS**

3. (a) PRINT FULL NAME **WILLIAM ANDREW NEWTON**

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex M	5. Color or race W	6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife REULDA VARNER		6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased FEB 17 1867 (Month) (Day) (Year)		

8. AGE:	Years	Months	Days	If less than one day
	77		5	hr. _____ min. _____

9. Birthplace **CAMDEN CO Mo. O**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business

12. Name **ISRAEL NEWTON**

13. Birthplace **Mo O**
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant **A. L. Newton**

(b) Address **Dea Mo**

17. (a) Burial **(b) Date thereof** **2-23-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PLEASANT GROVE CEM**

18. (a) Signature of funeral director **PALMER'S**

(b) Address **LEDANON Mo**

19. (a) 2-26-44 **(b) Mrs. A. R. Jackson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **CAMDEN**

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

(d) Street No. **Dea Mo.**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **22**
year **1944** hour **12** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Feb 22** 19 **44** to **Feb 22** 19 **44**

that I last saw him alive on **Dec** 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral insufficiency of the heart - Chronic**

Due to _____

Due to **92 R**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **None**

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) _____

(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 **0**

23. Signature **R. E. Carbone** M. D. (another) _____

Address **CAMDEN Mo** Date signed **2-23-44**

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Death Office No. 7,
District File Number 2-44-225
Date Filed 3-7-44

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.....

.....
working under my personal supervision.

Registered Apprentice No. Not Embalmed
Signed D. Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.