

S. No. 2
 OM-2-43
 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 28 1944

Registration District No. 126

Primary Registration District No. 2001

Registrar's No. 100

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 115 Moffett
(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)
 In this community 74 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
(If outside city or town limits, write "RURAL")
 (d) Street No. 115 Moffett
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Solomon Levi Newman
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Frances Newman 6. (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased December 17, 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Harrisburg Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Newman Mercantile Co.

MOTHER FATHER
 12. Name Joseph Newman
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Caroline Levi
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Sol. Newman, Jr.
 (b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof 2-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Sinai--St. Louis, Mo.

18. (a) Signature of funeral director Hurlbut Und. Co.
 (b) Address Joplin, Missouri

19. (a) 2-17-44 (b) Gertude Sudhalter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 15
 year 1944 hour 1:45 A. Minute _____ M. _____

21. I hereby certify that I attended the deceased from Dec 31 1937 to 2/15 1944
 that I last saw him alive on Feb 13 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death: edema of lungs
hypertension with cerebral edema
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: none
 Of operations _____
 Of autopsy no

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? No.

While at work? _____ (Specify type of place) _____
 Cause of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address _____ Date signed 2/17/44

Duration 30 days
27 days
Feb 3

PHYSICIAN
 Underline the cause to which death should be charged statistically.

44-2-161

JAN 29 1948

FEB 27 1948

FEB 11 1948

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

LeRoy T. Hubert

Licensed Embalmer No. 959

P. O. Address. *Opalus, Miss*

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.