

FILED APR 12 1944

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
305 Bedford St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 305 Bedford St
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME

ED. NEWBY

3. (b) If veteran,
name war.....

3. (c) Social Security
No.....

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married
1 divorced Married
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
Mary Newby alive..... years
7. Birth date of deceased..... Jan 7 - 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 22 If less than one day
..... hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER

12. Name Charley Newby

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

14. Maiden name Nettie Denney

15. Birthplace Moberly Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Newby

(b) Address 305 Bedford St

17. (a) Burial (b) Date thereof 3/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director R. A. Carr

(b) Address Moberly Missouri

19. (a) 3/4/44 (b) Irma Howe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1
year 1944 hour 6:20 minute 6 M.

21. I hereby certify that I attended the deceased from Jan 1
..... 1944 to Mar 1 1944
that I last saw him alive on Mar 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of bowel & Larynx
Due to.....
Due to.....

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

Major findings: 13 fl
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)
(a) Means of injury 0

23. Signature R. A. Williams (M. D. or other).....
Address Moberly Mo Date signed 3-1-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

APR 21 1947

APR 28 1947

MAY 7 1947

APR 28 1958

RECEIVED

District Health Officer No. 10

District File Number 4-44-762

Date Filed APR 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.....

Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Notely Ms.

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.