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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 APR 14 1944

Primary Registration District No. 6070

Registrar's No. 5

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Rural Labadie township
(c) Name of hospital or institution: _____
(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)

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

3. (a) PRINT FULL NAME ADAM NEWBERGER
3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 28
year 1944 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from 12th
March, 1944 to 28th March, 1944
that I last saw h. ~~was~~ alive on March 20, 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Newberger
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased Jan 18 1868
(Month) (Day) (Year)

Immediate cause of death The Cerebral hemorrhage 10 hrs.
Due to Arteriosclerosis 6 yrs.

8. AGE: Years 76 Months 2 Days 10
If less than one day hr. _____ min. _____

Due to _____
Other conditions (Includes pregnancy within 3 months of death) gza!

9. Birthplace _____ (City, town, or county) Germany
(State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer
11. Industry or business _____

MOTHER FATHER
12. Name Michael Newberger
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Regina Miller
15. Birthplace Germany
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mr. Isidore Lunsford
(b) Address Farmington, Mo. R #3
17. (a) Burial (b) Date thereof March 31, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Little Vine Cemetery

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Geo. L. Watkins (M. D. or other) _____
Address Farmington, Mo. Date signed 3-29-44

18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Mo.
19. (a) 3-30-44 (Date recorded local registrar)
Donald Robinson (Registrar's signature)

1910

RECEIVED

District Health Officer No. 4
District File Number 44-3716
Date Filed 4-12-44

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Bert J. Miller

Licensed Embalmer No. 3752

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.