

FILED MAY 10 1944 355

State File No. ....

Registration District No. ....

Primary Registration District No. 6225

Registrar's No. ....

1. PLACE OF DEATH:  
(a) County TEXAS  
(b) City or town RURAL  
(c) Name of hospital or institution: 1  
(d) Length of stay: In hospital or institution 43 years  
In this community 43 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County Howell 46  
(c) City or town Willow Springs 2  
(d) Street No. ....  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME JOHN L. BRYAN NEW  
(b) If veteran, name war None  
(c) Social Security No. 486-12-4657

20. DATE OF DEATH: Month April day 16<sup>th</sup> year 1944 hour 1 minute 20 P.M.  
21. I hereby certify that I attended the deceased from 13<sup>th</sup> to 16<sup>th</sup> and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
7. Birth date of deceased SEPT. 15 1900

Immediate cause of death Bilateral Pulmonary Tuberculosis type 1  
Duration 13 1/2

8. AGE: Years 43 Months 8 Days 1  
If less than one day br. min.

9. Birthplace MO. O

10. Usual occupation Common labor

11. Industry or business

12. Name ENOCH NEW

13. Birthplace MO. O

14. Maiden name LAURA BELLE NEW

15. Birthplace MO. O

16. (a) Informant Hellie Bresser

(b) Address Star Rt. Willow Springs MO

17. (a) burial (b) Date thereof 4-19-44

(c) Place: burial or cremation Nease Cemetery

18. (a) Signature of funeral director J.C. Burns

(b) Address Willow Springs, MO.

19. (a) (Date received local registrar) (b) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13 1/2  
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 W. O. Bailey (b) (Date received local registrar) 4-30-44

Address Willow Springs MO Date signed 4-30-44

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

MOTHER FATHER

1347

(Licensed Embelmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 444284

Date Filed 7. 9. 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 J. C. Burns

Licensed Embalmer No. 3379

P. O. Address Willow Spring

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.

Registration District No. (355)

Primary Registration District No. (6205)

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Pierced PIERCE TWP.  
(If outside city or town limits, write "RURAL" and name of 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 \_\_\_\_\_)

In this community 43 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO County DeKalb

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

(d) Street No. 15 mi N of "Pierced"  
(If rural, give location) Dwn

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John J. B. New

3. (b) If veteran name war \_\_\_\_\_

3. (c) Social Security No. 486-22-4657

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ year

7. Birth date of deceased Sept 11 1907  
(Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days \_\_\_\_\_ (If less than one day) \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town or county) (State or foreign country) MO

10. Usual occupation Common labor

11. Industry or business \_\_\_\_\_

12. Name John J. B. New

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) MO

14. Maiden name Laura Belle

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Telle Presser

(b) Address Sta Rt. Willow Springs MO

17. (a) \_\_\_\_\_ (b) Date thereof 4-19-67  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nease Cemetery

18. (a) Signature of funeral director J C Burns

(b) Address Willow Springs MO

19. (a) 4-25-67 (b) Paul Rile  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 14  
Year 1967 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature O.E. Barber (M.D. or other) D.O.

Address Willow Springs Date signed Mr.

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

Supplemental

10008

PH 5

Samuelson

John Paul [unclear]