

FILED MAY 26 1944

State File No. \_\_\_\_\_

Registration District No. 72

Primary Registration District No. 1000

Registrar's No. 488

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
505 South 6th St /  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution none  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Charles New  
3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 3 divorced  
6. (b) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 20, 1884  
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 20  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Gallatin, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer

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

12. Name Columbus New

13. Birthplace England (City, town, or county) (State or foreign country) 4

14. Maiden name unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Homer New

(b) Address St. Joseph, Mo.

17. (a) Removal (b) Date thereof 5-11-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gallatin, Mo.

18. (a) Signature of funeral director Barry Funeral Home

(b) Address 224 South 10th St, St. Joseph, Mo.

19. (a) 5/11/44 (b) Helen J. Beck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11  
(c) City or town St. Joseph 7  
(If outside city or town limits, write "RURAL")  
(d) Street No. 505 South 6th St  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10  
year 1944 hour 6 minute 05 P.M.

21. I hereby certify that I attended the deceased from on May 11, 1944 to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the right lung Duration 3 yrs  
Due to Secondary Anemia 3 yrs  
Due to \_\_\_\_\_

Other conditions Man died following frequent attacks of sickness with loss of weight, anemia and general weakness  
(Include pregnancy within 3 months of death) PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy no 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 Coroner  
Signature H. F. Mandy (M. D. or other)  
Address 464 So 3d St Date signed 5/11/44

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

**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 Mollie E. Sidenfaden  
Licensed Embalmer No. 4235  
P. O. Address St. Joseph, 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.**