

FILED AUG 3 1944
Registration District No. _____

Primary Registration District No. 4038

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Warsaw
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samantha G. Newman

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1944 hour 5 minute A. M.

4. Sex female race white

5. Color or race white

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

6. (b) Name of husband or wife Cyrus T. Newman

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 4 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 25 1944 to July 3 1944 and that death occurred on the date and hour stated above.

that I last saw h. aw alive on July 12 1944

8. AGE: Years 77 Months 8 Days 29 If less than one day hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage 8 days

Due to Cerebral hemorrhage 3 yrs earlier

9. Birthplace Maries County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name William W. Hockman

13. Birthplace Premble county Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Wallace

15. Birthplace Piqua county Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ralph Bresee

(b) Address Warsaw, Mo.

17. (a) Burial (b) Date thereof July 5, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director White-Reser

(b) Address Warsaw, Mo.

19. (a) 5/4/44 (b) Gas A Logan
(Date received local registrar) (Registrar's signature)

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 kind of place) (a) Means of injury _____

23. Signature James S Logan (M. D. or other) MD

Address Warsaw Mo Date signed 7/4/44

Duration 8 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

3000

RECEIVED

District Health Officer No. 7,

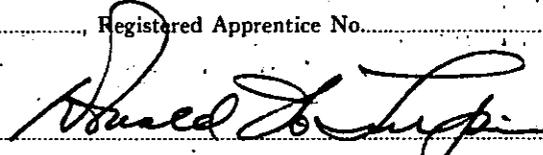
District File Number 7-44-895

Date Filed 8-2-44

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..... 

Licensed Embalmer No. 3053

P. O. Address Warsaw, 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.