

Registration District No. **120**

Primary Registration District No. **5444 4194**

**1. PLACE OF DEATH:**  
(a) County Genery  
(b) City or town Albany  
(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) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Lifetime  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Genery **38**  
(c) City or town Albany **1**  
(If outside city or town limits, write "RURAL") **5**  
(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** Sarah Eliza Newman  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Sept. day 25  
year 1944 hour 1 minute 17 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John Newman 6. (c) Age of husband or wife if alive 87 years  
7. Birth date of deceased Dec. 15 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10 Sep 1944 to Sept 24 1944  
that I last saw her alive on Sept 24 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral  
Duration \_\_\_\_\_

**8. AGE:** Years 83 Months 9 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Albany Mo.  
(City, town, or county) (State or foreign country)

Due to Hemorrhage  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation at home  
11. Industry or business \_\_\_\_\_  
12. Name James Robertson  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Payne  
15. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations Bo  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Grace Alexander  
(b) Address Chicago, Ill  
17. (a) burial (b) Date thereof 9/27/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Graveside  
18. (a) Signature of funeral director W. H. Brown  
(b) Address Albany Mo  
19. (a) Sept 25-1944 (b) Harner M. Tector  
(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 type of place) (e) Means of injury 1  
23. Signature J. W. Barger (M. D. or other)  
Address \_\_\_\_\_ Date signed 9-25

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Clifford Brooks

.....  
Licensed Embalmer No.

3329

P. O. Address

Albany MA

**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.**