

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED JAN 18 1945
Registration District No. **300**

Primary Registration District No. **6225**

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hospitals No 3
(If not in hospital or institution, write street number or location) I

(d) Length of stay: In hospital or institution 20 days
(Specify whether years, months or days) Same time

In this community Same time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Candeur ¹⁰⁹

(c) City or town Decaturville
(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 Charles O. Newell

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ophelia Newell

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

7. Birth date of deceased Feb. 10 - 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>10</u>	<u>14</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____

12. Name Sam Newell

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

14. Maiden name Minerva J. Boon

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

16. (a) Informant Hospital Records

(b) Address Nevada Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26 1944
(Month) (Day) (Year)

(c) Place: burial or cremation W. New Cemetery

18. (a) Signature of funeral director William E. Boyd

(b) Address Nevada Mo.

19. (a) 12-28-44 (Date received local registrar) (b) Doyle B. Church (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24 year 1944 hour 10:35 minute A. M.

21. I hereby certify that I attended the deceased from 12-4-1944 to 12-24-1944, 19____; that I last saw him alive on 12-24-1944, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Central Nervous System Syphilis Duration _____

Due to _____

Due to _____

Other conditions 30C
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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)

(a) Means of injury _____

23. Signature R.B. Rexton (M. D. or other) _____

Address Nevada Mo. Date signed 12-24-1944

NOV 16 1948

RECEIVED

Death Officer No. 7,

District File Number: 12-44-1453

Date Filed 1-18-45

MAY 4 1949

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 *Allen E. King*.....

Licensed Embalmer No. 1968.....

P. O. Address Nevada, 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.