

FILED MAR 12 1945

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1526 S. Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1526 S. Campbell
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elmer L. Newton

3. (b) If veteran, name war Unknown 3. (c) Social Security No. 702-07-8979

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Newton 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased August 18, 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>6</u>	<u>5</u>	hr. min.

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

10. Usual occupation Engineer

11. Industry or business Railroad

12. Name Joe B. Newton

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

14. Maiden name Sophie Davis

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

16. (a) Informant Mrs. Alice Newton

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof Feb. 26, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 2-27-45 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23,
year 1945 hour 11:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 2-23-45 to 2-23-45,
that I last saw him alive on 2-23-45,
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Alcoholism
Emphysema of liver
Due to _____
Due to _____

Other conditions: 124a
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Same as above

Duration _____
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) (c) Means of injury _____

23. Signature W. H. Knight (M. D. or other) _____
Address 4501 St. Louis Date signed 2/27/45

Dr. W. H. Knight

MAR 20 1945

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.....

C. E. Rauf

Licensed Embalmer No.....

3044

P. O. Address.....

Springfield 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.