

S. No. 2
DM-2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6940

FILED MAR 12 1945
Registration District No. 274

Primary Registration District No. 3056

State File No. _____

Registrar's No. 38

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 218 Bedford
(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 Randolph

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

(d) Street No. 218 Bedford
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Callie E. Newman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

7. Birth date of deceased Sept 5th 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name James Newman

13. Birthplace Va. 1
(City, town, or county) (State or foreign country)

14. Maiden name Frances Ann Puller

15. Birthplace Va. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. W. Tate

(b) Address Moberly Mo. Va

17. (a) Burial (b) Date thereof Feb 25th 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Malchow and Son

(b) Address Moberly, Mo

19. (a) 2-25-45 (b) Irma Haver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23rd
year 1945 hour 9 minute am

21. I hereby certify that I attended the deceased from 1942 to 1944, 29th 1945
that I last saw her alive on Feb. 23rd 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Anginal Pt.

Duration

Due to _____

Due to _____

Other conditions _____
(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) NO

(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)

(r) Means of injury _____

23. Signature: W. B. G. ... (M.D. or other) _____

Address: Moberly, Mo Date signed 2/23/45

1036

RECEIVED

District Health Officer No. 10

District File Number 3-45-518

Date Filed MAR 9 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 Frank B. D. Nutt

Licensed Embalmer No. 3021

P. O. Address Proberly, 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.