

FILED APR 17 1945

Primary Registration District No. 4176

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

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution:
603 N. Madison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No
(Specify whether years, months or days)

In this community All of life

3. (a) PRINT FULL NAME Mary R. Newton

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George Newton

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

7. Birth date of deceased February 21, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>0</u>	<u>14</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name John Riddle

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

14. Maiden name _____

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

16. (a) Informant Emma Luckey

(b) Address Malden, Missouri

17. (a) Burial (b) Date thereof 3 - 8 - 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park cemetary

18. (a) Signature of funeral director Day Funeral Home

(b) Address Malden, Missouri

19. (a) 3-14-45 (b) Malden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

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

(d) Street No. 603 N. Madison
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
year 1945 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 5 1945 to March 7 1945
that I last saw her alive on March 7 1945
and that death occurred on the date and hour stated above.

Immediate cause of death MI of atherosclerosis -

Due to Excessive fat and age

Due to Red foot 9 yrs

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

Duration 3 yrs

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

23. Signature [Signature] (Specify type of place) (a) Means of injury _____
(M.D. or other) _____

Address Malden Date signed 3/14/45

RECEIVED

District Health Office No. 2,

District File Number 445-529

Date Filed 4/2/45

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.....

NOT EMBALMED

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.