

FILED SEP 12 1945

Registration District No. 152

Primary Registration District No. 4241

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 yrs
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Oak Grove
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. 0
(If rural, give location) ⁰

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

3. (a) PRINT FULL NAME Irvin T. Newburn

3. (b) If veteran, name war # 2

3. (c) Social Security 541-16-4052

4. Sex MO 5. Color or race W

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: Jan 28 - 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

30 7 0 hr. min.

9. Birthplace: Oak Grove Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: Mechanic

12. Name Gilbert S. Newburn

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

14. Maiden name Winnie Bynum

15. Birthplace Zone Jack Mo
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant G. S. Newburn

(b) Address Oak Grove Mo

17. (a) Burial (b) Date thereof 8-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zone Jack Mo

18. (a) Signature of funeral director Mrs G B Webb - dr

(b) Address Oak Grove Mo

19. (a) Aug 27 - 1945 (b) Mrs Jessie M. Histon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27th
year 1945 hour _____ minute 1:52 PM

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Gun shot wound chest
Due to - Burglary by
break of law

Duration _____

Other conditions none
(Include pregnancy within 3 months of death) ¹⁰⁶

Major findings:
Of operations no operation

Of autopsy see 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) Homicide

(b) Date of occurrence 8/27/45

(c) Where did injury occur? Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None
(Specify type of place) (e) Means of injury gun shot

While at work? no

23. Signature PA Dwyer (M. D. optional)
Address Russell Date signed 8/28/45

SEP 14 1945

SEP 25 1945

SEP 27 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 P B Webb

Licensed Embalmer No. 2353

P. O. Address Olney Springs 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.