

FILED SEP 25 1945 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 725

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution: Burge Hosp.  
(d) Length of stay: In hospital or institution 3 Days  
In this community 55 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Springfield  
(d) Street No. 623 E. Monroe  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Lehora Lee Newhart

(b) If veteran, name war No (c) Social Security No

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

(b) Name of husband or wife Bert W. Newhart (c) Age of husband or wife if alive years

7. Birth date of deceased July 13, 1890

8. AGE: Years 55 Months 2 Days 0

9. Birthplace Springfield Missouri

10. Usual occupation Housewife

11. Industry or business

12. Name Robert Washburn

13. Birthplace Manchester England 4

14. Maiden name Emma Brown

15. Birthplace Augustus Germany 4

16. (a) Informant Bert W. Newhart (b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 9/14/45

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H. E. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 9-14-45 (b) W. H. Handley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1945 hour 2 minute 45a M.

21. I hereby certify that I attended the deceased from Sept 12 to Sept 13, 1945 that I last saw him alive on Sept 12 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure  
Due to Removal of the gall bladder

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature W. H. Handley (M. D. or other) Address Springfield, Mo. Date signed 9/14/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

984

(Licensed Embalmer's Statement on Reverse Side)

**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 *L. Edwin Gorman*  
Licensed Embalmer No. *3177*

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.**