

FILED JAN 14 1946

Registration District No. **752**

Primary Registration District No. **4382**

1. PLACE OF DEATH:

(a) County **Nodaway**
(b) City or town **Parnell**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **all life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Leslie Bennett New**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 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 **June 22, 1945**
(Month) (Day) (Year)

8. AGE: Years _____ Months **6** Days **9** If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name **Leslie Wm. New**

13. Birthplace **Parnell Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Ruby Irene Bennett**

15. Birthplace **Parnell Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ruby Irene New**

(b) Address **Parnell Mo.**

17. (a) **burial** (b) Date thereof **1-3-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Joseph's cemetery**

18. (a) Signature of funeral director **Pearl Funeral home**

(b) Address **Maryville Mo**

19. (a) **1-4-46** (b) **Geo. N. Johnson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **31**
year **1945** hour **9** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **9-19**
19**45** to **12-31** 19**45**;
that I last saw him alive on **12-31** 19**45**;
and that death occurred on the date and hour stated above.

Immediate cause of death **hydrocephalus**
Duration **12-8-45**

Due to _____

Due to _____

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? _____ (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) (e) Means of injury _____

23. Signature **N. C. Bauman** (M. D. or other) **M.D.**

Address **Maryville 131 So. Main** Date signed **1-2-46**

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

74
0
0

MOTHER FATHER

1572

RECEIVED

District Health Officer No. 11,

District File Number

Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was *not* embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

W. L. Gee

Licensed Embalmer No.

2539

P. O. Address

Manville 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.