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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42593

FILED DEC 29 1945

Registration District No. 323 Primary Registration District No. 4476 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Downing Mo.
(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 (Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Schuyler 98
(c) City or town Downing 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME Paul Arnold Newland
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Ethel Newland
6. (c) Age of ~~husband~~ or wife if alive 41 years
7. Birth date of deceased Nov (Month) 6 (Day) 1903 (Year)

8. AGE: Years	Months	Days	If less than one day
42	0	11	hr. min.

9. Birthplace Scotland Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Clerk
11. Industry or business
FATHER
12. Name John Newland
13. Birthplace Scotland Co (City, town, or county) Mo O (State or foreign country)
MOTHER
14. Maiden name Hattie Wilson
15. Birthplace Stiles (City, town, or county) Ia. 1 (State or foreign country)
16. (a) Informant Ethel Newland
(b) Address Downing Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 20 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Downing
18. (a) Signature of funeral director Loyd Moore
(b) Address Downing Mo.
19. (a) Nov. 20/45 (Date received local registrar) (b) A. J. Drake (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1945 hour 6 P.M. minute M.
21. I hereby certify that I attended the deceased from Nov 17, 1945 to Nov 17, 1945
that I last saw him alive on Nov 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide (Shot) himself in right temple 32 Caliber Revolver
Due to Bad health and blind
Due to ✓
Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None
Hemorrhage & Heart failure

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Nov 17 1945
(c) Where did injury occur? In his home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Downing Schuyler Co. Mo.
(Specify type of place)
While at work? No (e) Means of injury
23. Signature H. E. Gerwig (M. D. ~~or other~~)
Address Downing Mo Date signed Nov 20 45

1493

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-45-1887
Date Filed DEC 20 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 me, Registered Apprentice No. , working under my personal supervision.

Signed Loyd Moore

Licensed Embalmer No. 3151

P. O. Address Downing 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.