

FILED MAR 11 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. 2000

State File No. \_\_\_\_\_

Registrar's No. 206

1. PLACE OF DEATH:

(a) County Greene  
 (b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2263 N. Prospect  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: in hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene  
 (c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2263 N. Prospect  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward F. Newton

3. (b) If veteran, name war None  
 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Elva Newton  
 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 2, 1862  
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 26  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace UNK. Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name Felix Newton

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

14. Maiden name Unknown

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

16. (a) Informant Roy Newton

(b) Address Springfield Mo.

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

(c) Place: burial or cremation Mt. Comfort

18. (e) Signature of funeral director J.W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) 3-1-46 (b) B. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28  
 year 1946 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 20, 1946, to July 28, 1946  
 that I last saw him alive on July 28, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
 Of operations None  
 Of autopsy None

Duration \_\_\_\_\_  
 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) no  
 (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?  
no  
 While at work? \_\_\_\_\_  
(Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature Walter J. Williams (M. D. or other) \_\_\_\_\_  
 Address Springfield Mo Date signed 3-28-46

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

MOTHER FATHER

9  
2

14

**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 \_\_\_\_\_

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.**