

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 249

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: Springfield Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Genevieve Fern Newton

3. (b) If veteran,

name war None

3. (c) Social Security

No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased February 12, 1925  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
21 1 1 hr. min.

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

10. Usual occupation Cosmetician

11. Industry or business Heer's Inc.

MOTHER FATHER { 12. Name Efton Newton  
13. Birthplace Hartville, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Velma Fuge  
15. Birthplace Hartville, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Efton Newton

(b) Address Hartville, Missouri

17. (a) Burial (b) Date thereof March 15, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hartville, Missouri

18. (a) Signature of funeral director Holdren Funeral Home

(b) Address Hartville, Missouri

19. (a) 3-15-46 (b) S. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th,  
year 1946 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from Dec 2  
1945, to 13 March, 1946  
that I last saw him alive on 13 March, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular Meningitis Duration 18 days  
Due to Miliary Pulmonary Tuberculosis 2 months  
Due to .....

Other conditions Hydroplastic Endometritis  
(Include pregnancy within 3 months of death)  
with Acute Anemia 3 months before  
Major findings:  
Of operations .....  
Of 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) .....  
(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? .....

(Specify type of place) While at work? (e) Means of injury .....  
23. Signature [Signature] (M.D. or other) [Signature]  
Address Worship Bldg Springfield, Mo Date signed 14 March 1946

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

**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. A. Roof*

Licensed Embalmer No. *3044*

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.**

X