

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10387**

FILED **278** 1946

Registration District No. **278**

Primary Registration District No. **3054**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Pike**
(b) City or town **Louisiana**
(c) Name of hospital or institution **1609 S. Carolina St.**
(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

3. (a) PRINT FULL NAME **Lucinda Catherine Newman**

3. (b) If veteran, ☒ name war _____ 3. (c) Social Security No. **1**

4. Sex **female** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Andrew Newman** 6. (c) Age of husband or wife if alive **20** years
7. Birth date of deceased **Feb 20 1866**
(Month) (Day) (Year)

8. AGE: Years **79** Months **11** Days **23** If less than one day hr. min.

9. Birthplace **near Frankford Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **George Keith**

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

14. Maiden name **Margaret Keneady**

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

16. (a) Informant **Mr. Misher**

(b) Address **Louisiana Mo.**

17. (a) **Burial** (b) Date thereof **2-14-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Preriew Cemetery**

18. (a) Signature of funeral director **Waley Mortuary**

(b) Address **Louisiana Mo.**

19. (a) **Feb. 15/46** (b) **Margaret E. Stephens**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pike**
(c) City or town **Louisiana**
(If outside city or town limits, write "RURAL")
(d) Street No. **1609 S. Carolina**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **13** year **1946** hour **9** minute **55 A.M.**

21. I hereby certify that I attended the deceased from **Dec. 22** 1946 to **Feb. 13** 1946
that I last saw her alive on **Feb. 13** 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy** Duration **23 days**

Due to **cardio vascular renal hypertension**
Due to **chronic disease** unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **1310**

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 **W. Stephens** (M.D. or other)

Address **Louisiana Mo.** Date signed **Feb. 15**

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

9307

2

RECEIVED

District Health Officer No. 10

District File Number 3-46-541

Date Filed MAR 16 1946

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.....

George O. Hagner....., Registered Apprentice No.....
working under my personal supervision.

Signed George O. Hagner.....

Licensed Embalmer No. 2773

P. O. Address Mississauga, 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.