

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 10 1946**  
STANDARD CERTIFICATE OF DEATH

State File No. **15812**

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 569

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

**1. PLACE OF DEATH:**  
 (a) County Buchanan  
 (b) City or town St. Joseph, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Missouri Methodist Hospital **0**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Day  
(Specify whether  
 In this community 1 day  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Daviess **31**  
 (c) City or town Gallatin  
(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 \_\_\_\_\_

**3. (a) PRINT FULL NAME** Homer Edward New  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. 488-14-9502

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month May day 13  
 year 1946 hour 2 minute 15 P.M.  
 21. I hereby certify that I attended the deceased from May 12, 1946 to May 13, 1946  
 that I last saw him alive on May 12, 1946 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Marie New 6. (c) Age of husband or wife if alive Unknown  
 7. Birth date of deceased September 3 1912  
(Month) (Day) (Year)

Immediate cause of death Cerebral thrombosis  
 Duration \_\_\_\_\_

**8. AGE:** Years 33 Months 8 Days 10  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Daviess County Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Laborer

Major findings: Of operations \_\_\_\_\_  
 Of autopsy Clot on brain  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business General labor  
 12. Name Charles New  
 13. Birthplace Daviess County Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Minnie Grimes  
 15. Birthplace DeKalb County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie A. Place  
 (b) Address 916 Holmes, Kansas City, Mo.  
 17. (a) Burial (b) Date thereof 5-15-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Gallatin, Missouri

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) unknown  
 (b) Date of occurrence unknown  
 (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? unknown

18. (a) Signature of funeral director Hope Funeral Home  
 (b) Address Gallatin, Missouri  
 19. (a) May 18, 1946 (b) H. G. Nestlebusch  
(Date received local registrar) (Registrar's signature)

While at work? unknown (c) Means of injury unknown  
 23. Signature W. S. Gale M.D. (M.D. brother)  
 Address OSBORNE MO Date signed 5/13/46

JAN 7 1955

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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. O. Richesson*  
Licensed Embalmer No. *3307*  
P. O. Address *Callaway 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.**