

Registration District No. **360** Primary Registration District No. **6225** Registrar's No. **80**

1. PLACE OF DEATH:
 (a) County Vernon
 (b) City or town Nevada rural Wash
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hosp No 3 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 yrs. 6 mos. 1 day
 In this community 3 years 8 mo 1 day
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Vernon
 (c) City or town Nevada
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route 3
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOE-NEWTON
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 10 year 1946 hour 4 minute 30 A M.
 21. I hereby certify that I attended the deceased from Sept 10 1946
 that I last saw him alive on Sept 10 1946
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race wh
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife unknown
 6. (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased Oct 10, 1859
 (Month) (Day) (Year)

Immediate cause of death Arteriosclerotic Heart Disease
 Due to _____
 Due to _____

8. AGE: Years 86 Months 7 Days 1 If less than one day _____ hr. _____ min.

Other conditions Senile Dementia
 (Include pregnancy within 3 months of death)
 Major findings: no operation
 Of operations _____
 Of autopsy no autopsy

9. Birthplace unknown Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation none
 11. Industry or business none

MOTHER 12. Name William Newton
 13. Birthplace unknown Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Susan Blair
 15. Birthplace unknown Tennessee
 (City, town, or county) (State or foreign country)

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? _____
 While at work? _____ (Specify type of place) (e) Means of injury _____

FATHER 16. (a) Informant Records State Hosp 3
 (b) Address Nevada Mo
 17. (a) Burial (b) Date thereof 6 16 46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Neutop Cemetery
 18. (a) Signature of funeral director Fryer
 (b) Address Nevada Mo
 19. (a) 2-1-46 (b) Rathym Nancy
 (Date received local registrar) (Registrar's signature)

23. Signature Paul L Barone (M. D. or other)
 Address State Hosp No 3 Date signed Sept 11, 1946

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

JUL 18 1946

RECEIVED

DATE

Date Filed

Case No. 7

6-46-725

7-10-46

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

L. B. Terry

Licensed Embalmer No. 1760

P. O. Address Nevada 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.