

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED DEC 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37442
State File No. _____
Registrar's No. _____

Registration District No. 156 Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 hours
(Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2006 Grand
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Penny Newton
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 11
year 1946 hour 6:00 minute A M.
21. I hereby certify that I attended the deceased from
11-10 1946, to 11-11 1946
that I last saw h. er alive on 11/10 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased November 10, 1946
(Month) (Day) (Year)

Immediate cause of death _____
Atelectasis
Due to 7 month premature
Duration 9 hrs.

8. AGE: Years _____ Months _____ Days _____
If less than one day 20 hr. _____ min.

Due to _____
Other conditions: None
(Include pregnancy within 3 months of death)

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

Major findings: None
Of operations None
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____
11. Industry or business _____
12. Name Harold Newton
13. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Neva Marie Jackson
15. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harold Newton
(b) Address 2006 Grand, Joplin Mo.
17. (a) Burial (b) Date thereof 11-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Parker-Hunsaker
18. (a) Signature of funeral director _____
(b) Address 1502 Joplin, Joplin Mo.
19. (a) 11-19-46 (b) Ed James
(Date received local registrar) (Registrar's signature)

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 [Signature] (M, D or other) _____
Address [Address] Date signed 11/14/46

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

46-11-990

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.