S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1946

State File No. 40050

Registration District No. 84 Primary Registration District No. 4147 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Bunceton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper 27

(c) City or town Bunceton 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Ella B Newell

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife George F Newell

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April (Month) 6 (Day) 1872 (Year)

8. AGE: Years 74 Months 8 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Boone County (City, town, or county) Mo (State or foreign country) 1

10. Usual occupation House Wife

11. Industry or business .....

FATHER
12. Name Eziequal Smith
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant George Newell 1
(b) Address Bunceton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Pilot Grove, Mo.

18. (a) Signature of funeral director L. G. Parker
(b) Address Bunceton Mo.

19. (a) 12-6-46 (Date received local registrar) (b) Nellie Mullett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 4th day 1946
year ..... hour 4 30 minute A M.

21. I hereby certify that I attended the deceased from Sept 1st 1946 to Dec 4th 1946
that I last saw her alive on Dec 1st 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning — Duration 1 wk

Due to Inanition

Due to .....

Other conditions Age 132
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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 0

23. Signature W. H. Elliott (M. D. or other) .....

Address Bunceton Mo Date signed Dec 4th

43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 12-11-46

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 my self, Registered Apprentice No. _____, working under my personal supervision.

Signed C. G. Parker

Licensed Embalmer No. 25-47

P. O. Address Buncelan 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.