

No. 2
-12-45
5-17-39
I X47070

State File No. _____

FILED JUN 4 1947

Registration District No. 316 Primary Registration District No. 6074

Registrar's No. 188

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ella B. Newman

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife William T. Newman

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Nov. 11, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>6</u>	<u>15</u>	hr. - min.

9. Birthplace Coffman Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Postmistress

11. Industry or business U. S. Government

12. Name Frank Coffman

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

14. Maiden name Ellen D. Bryan

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

16. (a) Informant Mrs. Grace Davis

(b) Address Desloge, Mo.

17. (a) Burial (b) Date thereof 5 - 28 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park View Cemetery

18. (a) Signature of funeral director C. Z. Boyer & Son

(b) Address Desloge, Mo.

19. (a) 5-29-47 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois

(c) City or town Desloge, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 207 North Main
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
Year 47 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from June 1944 to May 26 1947
that I last saw her alive on May 26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Branch pneumonia Duration 2 d

Due to _____

Due to _____

Other conditions lung cancer
(Include pregnancy within 3 months of death)

Major findings: central vessel rupture

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Manner of injury 0

23. Signature Al Haeble (M. D. or other)

Address Desloge Mo Date signed 5-29-47

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

MOTHER FATHER

JUL 8 1956

RECEIVED

District Health Officer No. 4
District File Number 647-770
Date Filed 6-2-47

JUL 24 1956

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, S. T. Sawyer

Licensed Embalmer No. 3660

P. O. Address Desloge, 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.