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-17-39
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FILED AUG 4 1947

Registration District No. _____

Primary Registration District No. 5610

State File No. _____

Registrar's No. 37

1. PLACE OF DEATH:

(a) County JOHNSON

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 71 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JOHNSON 51

(c) City or town RURAL JEFFERSON TOWNSHIP
(If outside city or town limits, write "RURAL")

(d) Street No. RURAL #2 LEETON MO
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOHN B NEWKIRK

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 12
year 47 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from Jan, 1947, to 7-12, 1947
that I last saw him alive on 7-11-47, 1947,
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 MOLLIE LEE NEWKIRK

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased AUG. 3 1863
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis, generalized 5 months

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

83 11 9 hr. min.

9. Birthplace CASSELTON INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name OTHER NEWKIRK

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

14. Maiden name JEAN CRAWFORD

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

Major findings: Of operations am

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant MOLLIE LEE NEWKIRK

(b) Address LEETON, MO. RURAL #2

17. (a) BURIAL (b) Date thereof 7-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PLEASANT GROVE CEMETERY

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? _____

18. (a) Signature of funeral director F. L. Schaberg

(b) Address 317 North Main, Warrensburg, Mo.

19. (a) 7-13-47 (b) Mr. Morris Ott
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature R. Lee Cooper (M. D. examiner)

Address Warrensburg, Mo Date signed 7-13-47

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

MOTHER FATHER

5 45

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.....

F. G. Schuler

Registered Apprentice No. *464*

working under my personal supervision.

Signed *Fred Wilkerson*

Licensed Embalmer No. *2478*

P. O. Address *Clinton M*

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.