No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32859

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8689

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: De Paul Hospital 0
(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 Missouri (b) County Cole 26
(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1211 Monroe 4
(If rural, give location)
(e) Citizen of foreign country? NR (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Harriet Elizabeth Newsam

3. (b) If veteran, name war No
3. (c) Social Security No. Unknown

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife David Newsam
6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased July (Month) 10 (Day) 1920 (Year)

8. AGE: Years 27 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Perry (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Owen R. Jackson
13. Birthplace Perry (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Lucille Davis
15. Birthplace Ralls Co. (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant David Newsam
(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson City, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) SEP 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 year 1947 hour 8 minute 05 A.M.

21. I hereby certify that I attended the deceased from Sept 7, 1947 to Sept 14, 1947 that I last saw her alive on Sept 13, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 2 wks.

Due to Congenital obstruction neck of bladder — Doubtknown

Due to Hydro-pyo-nephrosis — Doubtknown

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 133a
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address 4952 Maryland Date signed 9-15-47

(Licensed Embalmer's Statement on Reverse Side)

APR 14 1965

OCT 15 1965

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.....

Licensed Embalmer No.....3575.....

P. O. Address.....

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.