

FILED NOV 10 1947
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 364

1. PLACE OF DEATH:

(a) County PETTIS

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

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

(d) Length of stay: In hospital or institution 16 HRS.
(Specify whether years, months or days)

In this community 20 YRS.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS 80

(c) City or town SEDALIA 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1220 W MAIN 4
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AUGUST F. NEWELL

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-07-5790

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MAR /

6. (b) Name of husband or wife OLLIA 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased JULY 4 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>3</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation FLORIST

11. Industry or business _____

MOTHER FATHER

12. Name CHARLES NEWELL

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

14. Maiden name SUSAN ROSS

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

16. (a) Informant MRS. A.F. NEWELL

(b) Address SEDALIA Mo

17. (a) BURIAL (b) Date thereof 10/31/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEM PARK

18. (a) Signature of funeral director Geo. Dilland

(b) Address Sedalia, Mo

19. (a) 10/31/47 (b) Betty Yeager
(Date received local physician's certificate) (Physician's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 29 year 1947 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from Oct. 25, 1947, to OCT 29, 1947; that I last saw him alive on OCT. 28, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease Duration 20 yrs

Due to: Chronic glomerular nephritis

Due to _____

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

Major findings: Of operations _____

Of autopsy 13) 18

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) (c) Means of injury

23. Signature DR Edwards (M. D. number MD)
Address Sedalia Mo Date signed OCT 31 1947

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 11-6-47

NOV 10 1947

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.