

S. No. 2
1-12-45
5-17-39
P 1 X47070

FILED OCT 28 1947

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:
227 1/2 W. Cherry /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 65 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon / 08

(c) City or town Nevada /
(If outside city or town limits, write "RURAL")

(d) Street No. 227 1/2 W. Cherry / 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Emma Louise Newport

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6 year 1947 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from 12 Sept 1947 to Oct 6 1947

that I last saw her alive on Oct 4 1947 and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced 2 /

6. (b) Name of husband or wife Jake Newport

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

7. Birth date of deceased Sept. 5 1860
(Month) (Day) (Year)

Immediate cause of death Acute Coronary Thrombosis

Due to arterial sclerosis

Duration 30 min

8. AGE:	Years	Months	Days	If less than one day
<u>87</u>	<u>1</u>	<u>1</u>	<u>1</u>	hr. min.

Due to _____

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

9. Birthplace Liverpool England /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife /

11. Industry or business _____

12. Name --- Taylor

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

14. Maiden name Louise

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

Major findings: None 94A

Of operations _____

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant George Newport

(b) Address Nevada, Missouri

17. (a) Jewell Cimet (b) Date thereof 10 9 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jewell Cimet

18. (a) Signature of funeral director Henry Thornton

(b) Address Meoda, Mo

19. (a) 10-24-47 (b) Nathun Yancy
(Date received local registrar) (Registrar's signature)

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) (Clean) (Injury)

23. Signature Henry Thornton (M. D. or other) _____

Address Nevada Mo Date signed 10-26-47

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

RECEIVED
District Health Officer No. 71
District File Number 9-47-1237
Date Filed 10-27-47

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 me

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

Signed L B Ferry
Licensed Embalmer No. 11760

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.