

S. No. 300  
M-10-47  
rv. 5-17-39  
I 3906

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 5851

FILED MAR 10 1948

Registration District No. 274

Primary Registration District No. 356

Registrar's No. 79

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

68  
6  
3

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:  
701 S. Williams /  
(If not in hospital or institution, write street number or location)

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

In this community..... (Specify whether)

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 701 S. Williams  
(If rural, give location)

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

If yes, name country.....

3: (a) PRINT FULL NAME Bertha Clara Newman

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25  
year 1948 hour 2:30 P.M. minute..... M.

21. I hereby certify that I attended the deceased from Feb 25  
to Feb 25, 1948  
that I last saw her alive on Feb 25, 1948  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife E.E. Newman

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January 17 1894  
(Month) (Day) (Year)

Immediate cause of death Apoplexy Duration 2 1/2 hr

Due to hypertension & arteriosclerosis

Due to.....

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

54	1	8	.....hr. ....min.
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Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

9. Birthplace Randolph County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business.....

12. Name James Keiter

13. Birthplace Randolph County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Maicean McDavitt

15. Birthplace Randolph County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. E.E. Newman

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?

(b) Address Moberly, Missouri

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof 2/27/1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Roanoke, Missouri

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntville, Mo

19. (a) Feb 27-48 (Date received local registrar)

(b) Seal Sullivan (Registrar's signature)

While at work? (Specify type of place).....

(c) Means of injury.....

23. Signature H. G. Bufford (M. D. or other)

Address Moberly Date signed 2/26/48

AUG 22 1952

RECEIVED  
District Health Officer No.  
File Number 3-48-448  
Data Filed MAR 8 1948

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, MD

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.