. No. 2
-12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13308

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 302

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Samaritan Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County Macon 999
(c) City or town Dcatur 11
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward William Newton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 21 (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	11	27	hr. min.

9. Birthplace (City, town, or county) Ill. (State or foreign country) 1
10. Usual occupation Painter
11. Industry or business
FATHER
12. Name Alonzo Newton 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Mary Wilkerson
15. Birthplace (City, town, or county) Va. (State or foreign country) 1
16. (a) Informant Mrs. Johnathan Corden
(b) Address Macon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Macon, Mo.
18. (a) Signature of funeral director Albert Skinner
(b) Address Macon, Mo.
19. (a) 4/5/48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature) 145

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1948 hour 9:10 minute p.M.
21. I hereby certify that I attended the deceased from March 17, 1948 to March 18, 1948 that I last saw him alive on March 18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio Vascular Renal disease	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1310	
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 R. S. Conoway (M. D. or other)
Address Macon Mo Date signed 3/24/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 4-48-69
APR 14 1948
Date Filed

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 Thos. L. Butt, Registered Apprentice No. 37, working under my personal supervision.

Signed Albert H. Kimes

Licensed Embalmer No. 757

P. O. Address Mason 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.