S. No. 2
—11-10-39
5-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 26 1948

Registration District No. 75

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5299

State File No. 18981

Registrar's No. 18

**1. PLACE OF DEATH:**

(a) County Clinton

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

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

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Clinton 25

(c) City or town Lathrop Rural 0
(If outside city or town limits write "RURAL")

(d) Street No. 4 Mi. N.E. Lathrop Mo 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Henry Newby

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 20 (Day) 1865 (Year)

8. AGE: Years 82 Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name George Henry Newby
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Coryell
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Billie T. Adams
(b) Address Lathrop, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation St Joseph. MO

18. (a) Signature of funeral director Demoss Crunk
(b) Address Cameron - MO.

19. (a) 6-16-48 (Date received local registrar) (b) Winifred W. Moser (Registrar's signature) 290

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 15
year 1948 hour 10.00 minute A M.

21. I hereby certify that I attended the deceased from April 15, 1948 to June, 1948
that I last saw him alive on May 23, 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death | |
| Chronic Myocarditis | |
| Tertiary Syphilis | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy E. B. Dunkeson MD | |

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 E. B. Dunkeson (M. D. or other)
Address Lathrop Mo. Date signed 6-15-48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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**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 Harold L. Walker, Registered Apprentice No. 21 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2533

P. O. Address Cameron Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**