FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 14 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20152

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 211

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 1106 Wardlow 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1106 Wardlow 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME George F. New Man

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 Single 0

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

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

7. Birth date of deceased January (Month) 15 (Day) 1871 (Year)

8. AGE: Years 77 Months 5 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Macon (City, town, or county) MO (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Frank New Man
13. Birthplace ..... (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name Elvina White
15. Birthplace ..... (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant Jess Newman
(b) Address 1106 Wardlow Hannibal MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-48 (Month) (Day) (Year)
Grandview Burial Park
(c) Place: burial or cremation ~~Mt. Olivet Cemetery~~

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal MO

19. (a) 7-8-48 (Date received local registrar) (b) Dr E M Lusk 1929 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1948 hour – minute 10 45 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to .....

Due to .....

Other conditions Carcinoma of Prostate
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

Underline the cause of 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 M. J. Roller (M. D. or other)

Address Hannibal MO Date signed 7 July /48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Ernest D. Wilson, Registered Apprentice No. 490 working under my personal supervision.

Signed Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Vandalia, Mo

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

If this body is not embalmed, fact should be so stated above.