

1. PLACE OF DEATH:

(a) County **Randolph**  
 (b) City or town **Rural**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **RFD #1 Moberly**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **none**  
 (Specify whether years, months or days) **Entire life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**  
 (c) City or town **Rural**  
 (If outside city or town limits, write "RURAL") **Prairie**  
 (d) Street No. **RFD #1**  
 (If rural, give location) **Moberly**  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **EDMUND PERRY NEWMAN**

(b) If veteran **none** (c) Social Security No. **none**  
 name war.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married **2 divorced widowed**  
 (b) Name of husband or wife **Elizabeth Newman** 6. (c) Age of husband or wife if alive **7-1870** years  
 7. Birth date of deceased **September - 7 - 1870**  
 (Month) (Day) (Year)

8. AGE: Years **77** Months **10** Days **24** If less than one day **hr. min.**

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

10. Usual occupation **Farmer**

11. Industry or business.....

12. Name **George J. Newman**

13. Birthplace **Kentucky**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Mrs. Ellen Carter**

15. Birthplace **Randolph Co. Mo.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. L. Harby**

(b) Address **314 S. 15th Moberly Mo.**

17. (a) **Burial** (b) Date there **Aug - 3 - 48**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly Mo.**

18. (a) Signature of funeral director **Funeral Home**  
 (b) Address **Moberly Missouri**

19. (a) **Aug 3 - 48** (b) **Chas. Williams**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31<sup>st</sup>**  
 year **1948** hour **10** minute **30** P.M.  
 March 1<sup>st</sup>

21. I hereby certify that I attended the deceased from **July 21** 19**48** to **July 21** 19**48**  
 that I last saw him alive on **July 21** 19**48**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure** Duration **4 mo**  
 Due to **Chronic Aneurysm of Aorta** 2 yrs.  
 Due to **Coronary Sclerosis** 5 yrs.  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings: **M/S**  
 Of operations.....  
 Of autopsy.....

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 **W. B. Smith** (M. D. or other)  
 Address **Moberly, Mo.** Date signed **2 Aug 48**

MOTHER FATHER

RECEIVED

District Health Officer No.

District File Number 8-48-15

Date Filed AUG 9 - 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, C. L. Sutton by

C. L. Sutton Registered Apprentice No. 10  
working under my personal supervision.

Signed R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly Mo.

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.