S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30460

Registration District No. 226 Primary Registration District No. 4337 Registrar's No. 31

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

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Madison
(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 about 5 yrs - last [illegible] years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe
(c) City or town Madison
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Newton
3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Mollie Farrell Newton
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased 1 (Month) 19 (Day) 1864 (Year)

8. AGE: Years 84 Months 8 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Randolph Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Railroad man
11. Industry or business railroad
FATHER
12. Name Tom Newton
13. Birthplace Cairo Mo Randolph Co (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Betty Houston
15. Birthplace Cairo (City, town, or county) Missouri (State or foreign country)
16. (a) Informant L H Maxey
(b) Address Madison Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director Fred A. Kimpfer
(b) Address Madison
19. (a) Oct 13, 1948 (Date received local registrar) (b) Olive Little (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 year 1948 hour about 4 minute 30 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.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 —
23. Signature Russell M. Wilson Coroner (M. D. or other)
Address Monroe City Mo Date signed 8/30 48

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

RECEIVED
District Health Officer No. 10
District File Number 10:48:175
Date Filed OCT 11 1948

~~RECEIVED~~
~~District Health Officer~~
~~OCT 11 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 Mrs. Lucille Thompson

Licensed Embalmer No. 3282

P. O. Address Madison 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.