FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 26 1948

Registration District No. .....

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31912

Primary Registration District No. 3002

Registrar's No. 15-2

1. PLACE OF DEATH:
(a) County: Audrain
(b) City or town: Mexico, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Montgomery
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

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3. (a) PRINT FULL NAME: Henrietta Newsom
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Female
5. Color or race: White
6. (a) ~~Single, widowed~~, married, ~~divorced~~: married
6. (b) Name of husband ~~or wife~~: Arnold Newsom
6. (c) Age of husband ~~or wife~~ if alive: 56 years
7. Birth date of deceased: February (Month) 12 (Day) 1880 (Year)

8. AGE: Years 68 | Months 7 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace: New Florence (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House wife
11. Industry or business .....

MOTHER FATHER
12. Name: Fredrick W. Wagener
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Martha Frances Butler
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Mrs Lucille Thompson
(b) Address: New Florence Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: October 9 1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ New Florence, Mo.
18. (a) Signature of funeral director: Schlanker Mortuary
(b) Address: Montgomery City, Mo.
19. (a) 10/19/48 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7 year 1948 hour 4 minute ..... A.M.

21. I hereby certify that I attended the deceased from Oct. 4, 1948, to Oct. 7, 1948, that I last saw her alive on Oct. 7, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	4 days
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: [illegible] (M. D. or other) MD
Address: Mexico Mo. Date signed 10/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
District Health Officer No. 1
District File Number 10-48-18
Date Filed OCT 25 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 E. Brone Schlanker

Licensed Embalmer No. 4136

P. O. Address Montgomery City, 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.