No. 2
8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1948

Registration District No. 375

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39218

Primary Registration District No. 4551

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Hartville
(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 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Rural 5 Miles 5
(If outside city or town limits, write "RURAL")

(d) Street No. North 5 Miles
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Oscar Olaf Newton

3. (b) If veteran, name war

3. (c) Social Security No. 497-10-9212

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mrs Faye Newton

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

7. Birth date of deceased May (Month) 8 (Day) 1908 (Year)

8. AGE: Years 40 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Wright County (City, town, or county) (State or foreign country)

10. Usual occupation Employee at Farmer Exchange

11. Industry or business

FATHER
12. Name Orin Newton
13. Birthplace Wright County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Bessie Dodson
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Faye Newton
(b) Address Hartville, Missouri

17. (a) ~~Funeral~~ Burial (Burial, cremation, or removal) Date thereof Nov 6 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Cem.

18. (a) Signature of funeral director Gene E Holden
(b) Address Hartville, Missouri

19. (a) Nov. 10, 1948 (Date received local registrar) (b) E B Garner (Registrar's signature) 3111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day 3rd year 1948 hour minute 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 Coronary Occlusion	
Due to Died Suddenly Without Medical aid	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 94a

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 3

23. Signature Geo. Stapp (Coroner) (M. D. or other)

Address Mtn Grove, Mo Date signed 11/3/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1248-1314
Date Filed 12-4-48

JUN 29 1949

JUN 29 1949

DEC 7 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 Gene E. Holdren

Licensed Embalmer No. 8865

P. O. Address Hartville, Missour

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, fact should be so stated above.