ILE		/S AUG 5 190 Registration District No. 3		Prima	ary Registrati	on District No	. 60/	ZRegistrar's 1	w. 6		STATE FILE	E NUMBER
	_					-			<del>::</del>			
1	יו	I. PLACE OF DEATH									d. If instituti	ion: Residence befo
	i	e. COUNTY Ray						a. STATE Mis	souri 🔭	COUNTY R	ay	admission)
		b. CITY (If outside co	rporate limits, ș	give TOWNSI	HIP only)	Length of	f stay in 1b	c. CITY OR				Inside Limits
		TOWN Camde	n Town	ship		do ve	ars		amden T	ownsh.	in	Yes 🗌 No [
		c. FULL NAME OF (IF HOSPITAL OR	NOT in hospita	1, give locati	ion)		side Limits	d. STREET	(	f cutside, g	ivê location)	Reside on Far
	ľ	INSTITUTION 2	miles			Yes	. □ N∞ <u>v</u> ⊡	ADDRESS 2 m	iles we:	et Co	mdan M	Yest No!
╛		<u></u>			Vanue	AT 1					-	
1	•	<ol><li>NAME OF DECEASED (Type or print)</li></ol>		irst		Middle		Last	4. DATE OF	Mon	ith Di	ay Year
		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Fra	ank	M	lilton	Ne	ewsome	DEATH	July	31	1960
1	- !	5. SEX	6. COLOR O	OR RACE	7. Married	☐X Never	Married [	8. DATE OF BIRT	TH 9. AGE (las	t birthday)	IF UNDER 1 Y	
l	1	Male	White	•	Widowed	1 🗇	Divorced	12-10-1	894 .65	1	Months 2	ays Hours M
	10	0a. USUAL OCCUPATION	(Give kind of	work done	10b. KIND O	F BUSINESS	OR INDUSTRY	11. BIRTHPLAC	E (City and stafe	or country)	12. CITIZEN	OF WHAT COUNTR
	l	during most of working		retired)	Coo	٦			II dan madam			USA
ı		<u>(etired mir</u> 3a. Father's Name	fe t.		<u>Соа</u>	MOTHER'S M	AIDEN NAME	<u>.l</u> E	Virgin		USBAND OR V	
					17.4		. D.11	D-1			775	
		Gilbert New 5. was deceased ever		D FORCESS		SOCIAL SEC		Le Baker	IMa		<u>Porte</u>	<u> </u>
		Yes no, or unknown) (If			ervice)	_				_		
	l _	ies								mo pura	e. Cam	iden Mo
1 10 CAMPE OF DEATH (Commonly and source and time for (a) (b) and (c)							<u> </u>	Mrs. Ma	<u>ry E. N</u>	CAROUIT	<u> </u>	WOLLS INC.
Z		18. CAUSE OF DEATH				87-01- o), and (c).	- 39415-1	Mrs. Ma	1. A E • 14.	/	<u> </u>	INTERVAL BETWE
ÄEN		18. CAUSE OF DEATH PART I.	(Enter only one DEATH WAS (	e cause per l CAUSED BY:		o), and (c).	, -	Mrs. Ma	A dia	A	-	INTERVAL BETWE
CUMEN		18. CAUSE OF DEATH PART I.	(Enter only one DEATH WAS (			87-01- o), and (c).	, -	Mrs. Ma	efsin	4	-	INTERVAL BETWE
OCUMEN			(Enter only on DEATH WAS ( IMMEDIAT	e cause per 1 CAUSED BY: E CAUSE (a)	line for (a), (l	o), and (c).	, -	Mrs. Ma	eg e. n	1	-	INTERVAL BETWE
DOCUMENT		Conditio which g	(Enter only on DEATH WAS ( IMMEDIATI ons, if any, ave rise to	e cause per l CAUSED BY:	line for (a), (l	o), and (c).	, -	Mrs. Ma	fue	1		INTERVAL BETWE
DOCUMEN		Conditio which gi	(Enter only one DEATH WAS ( IMMEDIATIONS, if any, ave rise to cause (a), }	e cause per i CAUSED BY: E CAUSE (a) DUE TO (b)	line for (a), (t	o), and (c).	, -	Mrs. Ma	fue	1		INTERVAL BETWE
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DOCUMEN	NO	Conditio which g above stating lying c	IMMEDIATI ons, if any, ave rise to cause (a), the under- table under- ause last.	e cause per 1 CAUSED BY: E CAUSE (a)  DUE TO (b)  DUE TO (c)	on Districtions of	o), and (c).	udio	Mrs. Ma	fun	+	ii. If deceas	INTERVAL BETWE ONSET IND DEA
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		In the condition of the	(Enter only one DEATH WAS CONTROL OF THE PROPERTY OF THE PROPE	DUE TO (b) DUE TO (c) AIFICANT CO ifion given in  T SUICIDE  y, Year  20e. PLACE (farm, farm, farm, farm)	DNDITIONS CO PART I (a)  OF INJURY (c) schory, street,	ONTRIBUTINE 20b. D	OUT home, 2	H but not related W INJURY OCCURR OF. CITY, TOWN,	to the terminal EED. (Enter nature	PART I	II. If decease there is properly there is properly to part I or PAI	ed was female egnancy in last 90 in No. Unkr
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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	s recorded on the reverse side of this certificate was embalmed by
or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Thomas 9 Carter
Signature of Student Embalmer	- 5 - 6"
	Licensed Embalmer No. 4474

- OWN HANDWRITING (Exiluse +

P. O. Address Richmond, Mo.

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

If embalmed by a STUDENT he also shall sign in his OWN handwriting.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.