

State File No. \_\_\_\_\_

Registration District No. 297

Primary Registration District No. 4447

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Henrietta, Mo.  
(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 None  
In this community one day  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 16 Miles North, Norborne, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Seymour Newport

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Armilda Leonard 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 31, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 11 8 hr. min.

9. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business " "

12. Name John Newport

13. Birthplace Unknown England  
(City, town, or county) (State or foreign country)

14. Maiden name Eunice White

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Everett Green

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof 3/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Low Gap Cemetery North, Norborne, Mo.

18. (a) Signature of funeral director Quest-Life F. Home

(b) Address Richmond, Mo.

19. (a) March 13, 1948 (b) Malcolm Jackson  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th  
year 1948 hour Found about 4:00 minute M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Duration \_\_\_\_\_

Due to Senility

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 93E  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3

23. Signature J.F. Baker, Co. Registrar (M.D. or other) \_\_\_\_\_  
Address Richmond, Mo. Date signed 3-10-48

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

89  
0  
0

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-18-48

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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 Louis Luet

Licensed Embalmer No. 4096

P. O. Address Richmond, 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.