

Registration District No. **227**

Primary Registration District No. **3046**

1. PLACE OF DEATH:

(a) County **Monticau**  
(b) City or town **California**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **All His Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

**John Martin Newton**  
(b) If veteran, name war **1** (c) Social Security No. **1**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**  
(b) Name of husband or wife **Alice Newton** 6. (c) Age of husband or wife if alive **69** years  
7. Birth date of deceased **Feb 15 1861** (Month) (Day) (Year)

8. AGE: Years **82** Months **10** Days **21** If less than one day hr. min.

9. Birthplace **Bullerian** (City, town, or county) **MO** (State or foreign country)

10. Usual occupation **Mechanic**

11. Industry or business

12. Name **Isaac Newton**  
13. Birthplace **Don't know** (City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Williams**  
15. Birthplace **Don't know** (City, town, or county) (State or foreign country)

16. (a) Informant **Neal Newton**

(b) Address **California, Mo**

17. (a) **Buried** (Burial, cremation, or removal) (b) Date thereof **1/7/44** (Month) (Day) (Year)

(c) Place: burial or cremation **Buried**

18. (a) Signature of funeral director **Williams & Fred meyer**

(b) Address **California, Mo**

19. (a) **1-7-44** (Date received local registrar) (b) **W. J. Allen** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monticau**  
(c) City or town **California** (If outside city or town limits, write "RURAL")  
(d) Street No. **1** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **6** year **1944** hour **3** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **Jan 3**, 1944, to **Jan 6**, 1944  
that I last saw him alive on **Jan 5**, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-vascular disease** Duration **10 yrs**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **93d**

Major findings: Of operations **none**

Of autopsy **none**

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 **1**

23. Signature **Edgar A. Kille** (M. D. or other) Address **California, Mo** Date signed **1/7/44**

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**