No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 14 1948
Registration District No. 224

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 42398

Registrar's No. 79

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Latham Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 hours (Specify whether
In this community years, months or days) Years

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

3. (a) PRINT FULL NAME Mrs. Alice Long Newton
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 widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 5, 1874 (Month) (Day) (Year)

8. AGE: Years 73 | Months | Days 13 | If less than one day hr. min.

9. Birthplace Virginia (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Rev. Perry Long
13. Birthplace Harrisburg, Va. (City, town, or county) (State or foreign country)

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

16. (a) Informant Neil L. Newton
(b) Address Califrornia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Burke Cem.
18. (a) Signature of funeral director Williams Funeral Home
(b) Address California, Mo.
19. (a) 12-19-47 (Date received local registrar) (b) H.R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1947 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec 17 1947 to Dec 18 1947
that I last saw her alive on Dec 17 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhagia	48 hours
Due to: Arterio-Sclerosis and Hypertension	5 yrs.
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 Edgar A. Kelly (M. D. or other)
Address California Date signed 12/19/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1/24/48

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 H E Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California Ills.

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.