

FILED JAN 18 1947

Registration District No. 223

Primary Registration District No. 3847

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Newark  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
320 Adams St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Mattie Grene STIPP

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 Married  
6. (b) Name of husband or wife W.P. Stipp 6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased March 22 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 8 25 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Robert Woods  
13. Birthplace Uniontown  
(City, town, or county) (State or foreign country)  
14. Maiden name Wicks  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Gutrie  
(b) Address Newark, Mo.

17. (a) Burial (b) Date thereof 12-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 323. Newark Mo

18. (a) Signature of funeral director Tompson Funeral Home  
(b) Address Newark Mo

19. (a) 1-7-47 (b) Melvin C. Rorman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Newark  
(If outside city or town limits, write "RURAL")  
(d) Street No. 320 Adams St.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17  
year 1946 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 6 1944 to December 16 1946  
that I last saw him or her alive on December 16, 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Heart failure Duration 1 year

Due to Chronic myocarditis

Due to \_\_\_\_\_

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

Major findings:  
Of operations gastro  
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?

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

23. Signature J. A. Gutrie (M. D. or other)  
Address Newark, Missouri Date signed 1-7-47

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.

**RECEIVED**

District Health Officer No. New York

District File Number 1246-193

Date Filed 12-19-46

Signed

Corley Thompson

Licensed Embalmer No. 3259

P. O. Address

New York 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.