

FILED FEB 25 1946  
Registration District No. 37

Primary Registration District No. 6081

Registrar's No. 14

1. PLACE OF DEATH:

(a) County ST. BEXEVILLE  
(b) City or town SPROTT WEINGARTEN ROUTE 1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Union  
(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 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 95  
(c) City or town SPROTT WEINGARTEN ROUTE 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 25  
year 1946 hour 8 minute \_\_\_\_\_ AM.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to Jan 19, 1946  
that I last saw her alive on Jan 17, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cholelithiasis Duration 6 days

3. (a) PRINT FULL NAME

FANNIE M NEWBERGER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife ADAM NEWBERGER 6. (c) Age of husband or wife if alive Dead years 9  
7. Birth date of deceased DEC. 9, 1972  
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. FRANCIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation CARE OF HOME

11. Industry or business NONE

MOTHER FATHER  
12. Name GEORGE WIGGER  
13. Birthplace DONT KNOW MO. U  
(City, town, or county) (State or foreign country)  
14. Maiden name BELL DOE  
15. Birthplace DONT KNOW MO. U  
(City, town, or county) (State or foreign country)

16. (a) Informant ROSCOE NEWBERGER

(b) Address WEINGARTEN ROUTE ONE

17. (a) BURIAL (b) Date thereof JAN. 27 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LITTLE VINE

18. (a) Signature of funeral director C. J. Sawyer

(b) Address DESHODE MO

19. (a) 2-9-46 (b) Leo S. Karl  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (b) Means of injury 2

23. Signature Ed. Key meue (M. D. or other) D.O.  
Address Farmington, Mo. Date signed 1/26/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

*D. T. Sawyer*

Licensed Embalmer No.....

*3660*

P. O. Address.....

*Desloge, 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.**