

FILED FEB 16 1943

Registration District No. **333**

Primary Registration District No. **3005**

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

1. PLACE OF DEATH:  
(a) County **Bates**  
(b) City or town **Rich Hill, Miss.**  
(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 \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Bates**  
(c) City or town **Rich Hill**  
(d) Street No. **E. Olive St**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Cecil A. Newcomb**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **JAN** day **13** year **1942** hour **11** minute **15** P.M.  
21. I hereby certify that I attended the deceased from **Jan 13** 19**42** to **Jan 13** 19**42**  
that I last saw him alive on **Jan 13** 19**42** and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Month) (Day) (Year)

Immediate cause of death **Pneumonia**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

7. Birth date of deceased **Oct 18 1941**  
8. AGE: Years **2** Months **25** Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace **Rich Hill Missouri** (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name **Arthur Newcomb**  
13. Birthplace **Missouri** (City, town, or county) (State or foreign country)  
14. Maiden name **Anna Polack**  
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant **Cecil Newcomb**  
(b) Address **Rich Hill**  
17. (a) **Buried** (b) Date thereof **Jan - 15 42** (Month) (Day) (Year)  
(c) Place: burial or cremation **Forest Grove**  
18. (a) Signature of funeral director **Paul J. Kearley**  
(b) Address **Rich Hill**  
19. (a) **Jan. 15, 1942** (b) **Charles J. Allen, M.D.** (Date received local registrar) (Registrar's signature)

23. Signature **Legend Smith** (M. D. or other) **M.D.**  
Address **Rich Hill, Mo** Date signed **1/14/42**

RECEIVED

District Health Officer No. 7,

District File Number 2-42-33

Date Filed 2-9-42

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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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. Hudson Rensley

Licensed Embalmer No. 2730

P. O. Address Rick Hill 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.