

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

JUL 16 1942  
Registration District No. 469

Primary Registration District No. 5633

Registrar's No. 59

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

1. PLACE OF DEATH:

(a) County... Lawrence

(b) City or town... Mt Vernon Mo.

(c) Name of hospital or institution:  
Mo State Sanatorium

(d) Length of stay: In hospital or institution... 12 days

In this community... 12 days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Buchanan

(c) City or town... St. Joseph Mo.

(d) Street No. 516 So. 19th

(e) Citizen of foreign country? (Yes or No) 1

3. (a) PRINT FULL NAME... MELVIN HENRY NEWBY

(b) If veteran, name war... No

(c) Social Security No. 334-09-4197

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1942 hour 2:30 minute M.

4. Sex Male 2 race Black

5. Color of hair Black

6. (a) Single, widowed, married, divorced... Married

6. (b) Name of husband or wife... Soldie Robyn

6. (c) Age of husband or wife if alive... 32 0 years

7. Birth date of deceased: Sept 14 1909

21. I hereby certify that I attended the deceased from June 9 1942 to June 21 1942

that I last saw him alive on June 21 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 32 Months 6 Days 7

Immediate cause of death: Pulmonary Tuberculosis

9. Birthplace... St. Joseph Mo.

Due to... 9 mos.

10. Usual occupation... Car Polisher

Other conditions... (Include pregnancy within 3 months of death)

11. Industry or business... Automobile

Major findings: Of operations...

12. Name... Melvin Henry Newby

Of autopsy... Autopsy

13. Birthplace... St. Joseph Mo.

22. If death was due to external causes, fill in the following:

14. Maiden name... Emma Newby

(a) Accident, suicide, or homicide (specify)...

15. Birthplace... Weston Mo.

Date of occurrence...

16. (a) Informant... Emma Newby

(c) Where did injury occur? (City or town) (County) (State)

17. (a) Removal (b) Date thereof... 6 22 42

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director... H. D. Farrett

(Specify type of place) (e) Means of injury

19. (a) 6/27/42 (b) G. L. Campbell

23. Signature... Ethel E. Coffman (M. D. or other)

(Date received local registrar) (Registrar's signature)

Address... Mo State Sanatorium Date signed 6-21-42

**STATEMENT BY LICENSED EMBALMER**

JUL 1 1969

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..... *Mr H D Fassett* .....

Licensed Embalmer No. *2720* .....

P. O. Address..... *Mt Vernon, Me* .....

**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.**