

FILED JUN 13 1943
Registration District No.

Primary Registration District No. 3061

1. PLACE OF DEATH
(a) County St. Francois
(b) City or town Flat River
(If outside city or town limits, write "RURAL" and name of township)
(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) (Specify whether

2. USUAL RESIDENCE OF DECEASED
(a) State Missouri County St. Francois
(c) City or town Flat River 96
(If outside city or town limits, write "RURAL")
(d) Street No. 102 High
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MATILDA ANN NEWCOMB
3. (b) If veteran, ✓ name war _____ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 10 year 1943 hour _____ minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct 14 to May 10 1943
that I last saw her alive on 5-10 1943
and that death occurred on the date and hour stated above.

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife James Richard Newcomb 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased September 10 1897
(Month) (Day) (Year)

Immediate cause of death Arterio-pneumonia Duration 4 d

8. AGE: Years Months Days If less than one day
65 8 0 hr. _____ min.

Due to Carcinoma stomach 1 yr

9. Birthplace Salem Missouri
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Retired

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

11. Industry or business _____

PHYSICIAN _____

MOTHER FATHER { 12. Name William Leonard Nicholson

Major findings: Of operations _____

13. Birthplace St. James Missouri
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Mary Elizabeth Pitts

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

15. Birthplace St. James Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Maybell Newcomb
(b) Address 102 High Flat River Mo

(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?

17. (a) Burial (b) Date thereof 5-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Francois mortuary

While at work? (Specify type of place) _____
(Specify type of place) _____ Means of injury _____

18. (a) Signature of funeral director Benham Bond Co
(b) Address 313 Benham Bond Bldg Mo

23. Signature W. L. Lische (M. D. or other) _____
Address Weslog Mo Date signed 5-11-43

19. (a) May 18 1943 (b) Sydney Burmaster
(Date received local registrar) (Registrar's signature)

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

LIVED

District Health Officer No. 4
District File Number 643-2265-
Date Filed 6-5-43

SEP 22 1946

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 C. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Burner, Tenn 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.