

S. No. 2
OM-5-42
7-5-17-39

25715

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED AUG 9 1943
Registration District No. 68

Primary Registration District No. 5904

Registrar's No.

1. PLACE OF DEATH:

(a) County Demicot
 (b) City or town Rural Butler Imp
 (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 Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Yearly Bayou (If rural, give location)
 (e) Citizen of foreign country _____ (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
 year 1943 hour 1 minute 30 p. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased: May 2 - 1943
 (Month) (Day) (Year)

Immediate cause of death _____
Preg mature
 Due to birth - no
 Due to medical attention

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

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

9. Birthplace Demicot Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business _____

12. Name L. S. Newcomb
 13. Birthplace Blank
 (City, town, or county) (State or foreign country)

14. Maiden name McClellan
 15. Birthplace Blank
 (City, town, or county) (State or foreign country)

16. (a) Informant L. S. Newcomb
 (b) Address Springville, Mo. Rt. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1943
 (Month) (Day) (Year)
 (c) Place: burial or cremation Yearly Bayou

18. (a) Signature of funeral director Funelle
 (b) Address _____

19. (a) Aug 2 1943 (Date received local registrar) (b) J. S. Cready (Registrar's signature)

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 _____
 23. Signature July T. Moore (M. D. or other) _____
 Address Hayes, Mo. Date signed 5/2/43

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

7-43-240

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 *Noel C. Dean*

Licensed Embalmer No. *3941*

P. O. Address *Portageville Missouri*

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.