

FILED
SEP 8 1943

Registration District No. 316

Primary Registration District No. 4462

29

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Elvins
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois?
(c) City or town Elvins
(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 _____

3. (a) PRINT FULL NAME IRENE NEWCOMER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race 1 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 2 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Care of home

11. Industry or business _____

MOTHER FATHER { 12. Name John Bowen

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Keener

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

16. (a) Informant John Newcomer

(b) Address Elvins, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 18-43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Francois, Mo.

18. (a) Signature of funeral director C. B. Boyer

(b) Address DeLoze, Mo.

19. (a) 8-18-1943 (Date received local registrar) (b) Byndie Bukhmetes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th
year 1943 hour 8:00 minute a. M.

21. I hereby certify that I attended the deceased from Aug 15th, 1943, to Aug. 16, 1943;
that I last saw her alive on Aug. 15, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertension year

Due to _____

Other conditions (Include pregnancy within 3 months of death) g4a

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 _____

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 W. Dean Morris (M.D. or other) R.O.

Address Elvins, Mo. Date signed 8-17-1943

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

SEP 9 1943

RECEIVED

District Health Officer No. 4
District File Number 943-2642
Date Filed 9-7-43

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. Z. Bagler
Licensed Embalmer No. 1671
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.

Registration District No. 316

Primary Registration District No. 4462

Registrar's No. 29

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Elmoria
(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 _____)

3. (a) PRINT FULL NAME Irene Newcomer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 2 1902
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days _____ If less than one day, _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug. 18 - 1943 (b) Byndie Bukhmetew
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Year 1943 Minute _____ M. _____

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

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) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

MAR 30 1968

29234