

Registration District No. 5655

Primary Registration District No. 383 5655

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1118 days
In this community 1118 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 402 Blake
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Monica Newcom

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

4. Sex Female 5. Color white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W. R. Newcom 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased November 25 1916
(Month) (Day) (Year)

8. AGE: Years 27 Months 10 Days 11 If less than one day hr. min.

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

10. Usual occupation Waitress

11. Industry or business

12. Name Joseph Forney
13. Birthplace Falls City Nebraska
(City, town, or county) (State or foreign country)
14. Maiden name Mary Schrader
15. Birthplace Rulo Nebraska
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San, Mount Vernon, Mo.

17. (a) Removal (b) Date thereof Oct 8-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fall City, Mo

18. (a) Signature of funeral director Geo B. Fern

(b) Address Mount Vernon, Mo.

19. (a) Oct 16-44 (b) Audrey Crawford
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
year 1944 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from September 13, 1944, to Oct. 6, 1944, that I last saw her alive on Oct. 6, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage

Pulmonary tuberculosis Over 4 yrs

Due to _____
Due to _____

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

Major findings: Bilat for adv. ulcers fibrous thic c hemorrhage of autopsy Thic appendix caecum + salpingitis fatty degeneration

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)
(c) Means of injury 0

23. Signature Ether E. Coffman (M. D. or other) _____
Address Mount Vernon, Mo. Date signed 10-7-44

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

RECEIVED

District Health Officer No. 6,

District File Number 1144-1111

Date Filed NOV 13 1944

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 Geo. B. Quinn.....

Licensed Embalmer No. 946.....

P. O. Address 7th Avenue 7th.....

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.