

FILED JUN 14 1945
Registration District No. **32**

COPY

Primary Registration District No. **5614**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County Bollinger

(b) City or town rural *Wayne*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
near Zalma
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Washington (b) County King

(c) City or town Seattle
(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 Cpl. Kenneth H. Newell

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1944 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from --- 19---, to --- 19---;

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

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

7. Birth date of deceased April 11, 1920
(Month) (Day) (Year)

that I last saw --- alive on --- 19--- and that death occurred on the date and hour stated above.

Immediate cause of death Complete destruction of vital centers

Due to aircraft accident

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>8</u>	<u>2</u>	hr. <u>---</u> min. <u>---</u>

Due to ---

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

Major findings: Of operations ---

Of autopsy ---

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

10. Usual occupation Unknown

11. Industry or business none

12. Name Thomas E. Newell

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

14. Maiden name Edith Rosina

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

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

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

(b) Date of occurrence December 13, 1944

16. (a) Informant Maj. C. A. Colombi

(b) Address MAAF, Malden, Mo.

17. (a) removal (b) Date thereof 12-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? Zalma Bollinger, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
aircraft accident
(Specify type of place)

(c) Place: burial or cremation Seattle, Washington

18. (a) Signature of funeral director Day Funeral Home

(b) Address Malden, Mo.

While at work? yes (e) Means of injury by day aircraft at home

23. Signature Maj. C. A. Colombi (M. D. or other) MD

Address MAAF Malden Mo. Date signed 12-14-44

19. (a) Jan 11 1945 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

1063

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

COPY

9
5
0

RECEIVED

District Health Officer No. 4

District File Number 645-743

Date Filed 6-12-45

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

J. D. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden, Mass.

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.