

S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36671

**FILED FEB 27 1946**

Registration District No. 77

Primary Registration District No. 4024

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Cassville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry  
(c) City or town Cassville  
(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 FRANK NEWELL

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

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

6. (b) Name of husband or wife MAE MARY NEWELL 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept. 28, 1884  
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

12. Name Wm. N. Newell

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

14. Maiden name Do not know

15. Birthplace Do not know  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Newell

(b) Address Cassville, Mo.

17. (a) burial (b) Date thereof 1/24/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cassville, Cem.

18. (a) Signature of funeral director W. H. ...

(b) Address Cassville, Mo.

19. (a) JAN 28 1946 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22  
year 1946 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov. 15 1945 to Jan 22 1946  
that I last saw him alive on Jan 22 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic Carcinoma of Lung  
Due to Carcinoma of Stomach  
Duration 2 mo.

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

Major findings: Of operations: 46  
Of autopsy: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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? 1  
(Specify type of place) \_\_\_\_\_  
While at work (e) Means of injury \_\_\_\_\_

23. Signature Beow Newman (M. D. or other) \_\_\_\_\_  
Address Cassville, Mo. Date signed 1-26-46

3540 WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 146-124

Date Filed FEB 25 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. M. Jordan*

Licensed Embalmer No. 3453

P. O. Address *Parish, 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.**