

FILED MAR 8 1946 **STANDARD CERTIFICATE OF DEATH**

Registration District No. B 227

Primary Registration District No. 4480

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Schuyler
 (b) City or town Greentop
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Van Osdol Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 In this community Most of life
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
 (c) City or town La Plata
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.R. #3
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mildred Ada Newcomer
 (b) If veteran, name war _____ (c) Social Security No. 485-22-514

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2
 year 1946 hour 10:00 minute _____ P: M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 17 1917
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-2
 1945 to 1-2 1946
 that I last saw her alive on 1-2 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Abuminuria Duration _____

8. AGE: Years 28 Months 11 Days 15
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations 1941-2
 Of autopsy _____

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name D. E. Newcomer
 13. Birthplace Adair County Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Alta Glaspie
 15. Birthplace Adair County Missouri
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. D. E. Newcomer

(b) Address La Plata, Missouri

17. (a) Burial (b) Date thereof 1/4/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazel Creek Union Cm.

18. (a) Signature of funeral director B. E. Riley

(b) Address Greentop, Mo.

19. (a) Jan. 8, 1946 (b) Bardis H. Drake
 (Date received local registrar) (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 C. W. Ouellet (Physician or other)
 Address Van Osdol Hospital Date signed 5-46

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

FILED
DISTRICT HEALTH OFFICE No. 10
DISTRICT OF COLUMBIA 3-46-380
DATE FILED MAR 7 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..... *J. E. Kelly*

Licensed Embalmer No. *4481*

P. O. Address *1414 E. Street*

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.