

FILED APR 17 1946

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 Minutes  
(Specify whether  
In this community 3 months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Georgia (b) County 999  
(c) City or town Carrolton 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. No 12 Lee St. 0  
(If rural, give location) 2  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME Mack L. Newell, 34 756 323

3. (b) If veteran, name war World War II 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased February 28, 1924  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
20 0 18 hr. min.

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

10. Usual occupation Soldier

11. Industry or business U. S. Army

12. Name John Newell

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

14. Maiden name Anna Mae Newell

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

16. (a) Informant Service Records, AFPC Personnel Center  
(b) Address Camp Crowder, Mo.

17. (a) removal (b) Date thereof Mar 18-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bremen, Georgia

18. (a) Signature of funeral director Knell Mortuary  
(b) Address Cartersville, Mo.

19. (a) 3-19-46 (b) Billie Pearson, D.R.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16  
year 1946 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from Never  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound, (38 Cal) entering high in rt. buttocks passing through sacrum slightly medial to 3rd sacral foramina, rt., puncturing Br. hypogastric art. passing through mesentery and two loops of the ileum and passing through anterior abdominal wall to right of midline 8 cm above symphysis pubis.  
(Include pregnancy within 3 months of death) CM

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy Same as above. Hematoma, retroperitoneal, rt., ilio psoas muscle

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

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

(b) Date of occurrence 16 March 1946

(c) Where did injury occur? Joplin Jasper, Missouri  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place  
While at work? No (Specify type of place) (e) Means of injury Gunshot

23. Signature J. W. Crowder M.D. (M. D. or other)  
Address C. Crowder, Mo. Date signed 3/18/46

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

28508

46-3-302

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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.....

*Frank W. Kuehl Jr*, Registered Apprentice No. *379*  
working under my personal supervision.

Signed *Emmal Kuehl*

Licensed Embalmer No. *391*

P. O. Address *Carthage*

**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.**