

**FILED AUG 19 1946**  
STANDARD CERTIFICATE OF DEATH

State File No. **26145**

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 221

1. PLACE OF DEATH:

(a) County Adair  
 (b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Grim-Smith Hospital & Clinic  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 13 days  
(Specify whether)  
 In this community Life  
years, months or days

3. (a) PRINT FULL NAME William Newcomer

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Adelma Mikal  
 6. (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased: November 11 1850  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>8</u>	<u>20</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER {  
 12. Name Jacob Newcomer  
 13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Lynthia Gardner  
 15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adelma Newcomer

(b) Address Kirkville, Missouri

17. (a) Burial (b) Date thereof 8/2/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Harmony Cemetery

18. (a) Signature of funeral director George E. Grim

(b) Address Kirkville, Missouri

19. (a) 8-6-46 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
 (c) City or town Kirksville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1503 N. Franklin  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31  
year 1946 hour 1:05 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 19  
1946 to July 31 1946  
that I last saw him alive on July 31  
and that death occurred on the date and hour stated above.

Immediate cause of death: Postoperative shock  
Duration 24 hrs

Due to suprapubic prostatectomy 1 day

Due to Benign prostatic obstruction & kidney damage see you

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

Major findings:  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_  
 PHYSICIAN: \_\_\_\_\_  
 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?

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

23. Signature George E. Grim (M. D. or other) MD  
Address Kirkville Mo Date signed 8-1-46

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

RECEIVED  
District Health Officer No. 30  
District File Number 8-10-11-43  
Date Filed AUG 14 1946

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *D. W. Riley* .....

Licensed Embalmer No. *4181* .....

P. O. Address..... *Winterville NC* .....

**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.**