

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1946
Registration District No. 107

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36565
Registrar's No. 201
Primary Registration District No. 3019

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

1. PLACE OF DEATH:
(a) County... DUNKLIN
(b) City or town... Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PRESNELL Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 1 day (Specify whether)
In this community... 30 years
years, months or days

3. (a) PRINT FULL NAME JOHN A. NEWSOM
3. (b) If veteran, name war No
3. (c) Social Security No. 497-09-1595

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married divorced
6. (b) Name of husband or wife Mable Marret Newsom 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased... 12-23-1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 10 2 hr. min.

9. Birthplace RECTOR ARKANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business
12. Name JOHN NEWSOM
13. Birthplace Greene County ARKANSAS
(City, town, or county) (State or foreign country)
14. Maiden name NANCY MAMANDY COBB
15. Birthplace Greene County ARKANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Atlas Newsom
(b) Address Canthersville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-1946
(Month) (Day) (Year)
(c) Place: burial or cremation FINCH

18. (a) Signature of funeral director Paul Salmon
(b) Address Kennett, Mo
19. (a) 11-8-1946 (Date received local registrar) (b) Cond. Thompson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County DUNKLIN 78
(c) City or town Canthersville Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 307 West 5th. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 25th year 1946 hour 3:50 minute 9 P. M.
21. I hereby certify that I attended the deceased from 10-24, 1946, to 10-25, 1946
that I last saw him alive on 10-25, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage
Severe hypertension
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 83A
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 J. P. Presnell (M. D.)
Address Kennett, Mo Date signed 10-26-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1146-1326
Date Filed 11-12-46

NOV 26 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.....

Heber G. Leonard

Registered Apprentice No.....

working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. 2556

P. O. Address Kennett, 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.