

FILED AUG 12 1947

Registration District No. 144

Primary Registration District No. 5562

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Rural, Arcadia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 miles west of Ironton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 22 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles west of Ironton 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Levi Francis Newcomb

3. (b) If veteran, name war no 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 Anna Mary Newcomb 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February 6 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 13 hr. _____ min.

9. Birthplace Walnut Ridge Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer, retired

11. Industry or business _____

MOTHER FATHER { 12. Name James Richard Newcomb 7
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth McCoy
15. Birthplace Greenville Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Newcomb

(b) Address Ironton Missouri

17. (a) burial (b) Date thereof 7-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) 8-4-47 (b) Mrs. Anna Newcomb
(Date received local registrar) (Registrar's signature) 170

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1947 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from Nov. 7, 1946, to July 19, 1947,
that I last saw him alive on July 18, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung Duration 18 mos.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 467

Of autopsy _____

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 Bruce Bull (M. D. or other) M.D.
Address Ironton, Mo. Date signed 7-25-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED.

Health Officer No. 4

File Number 847-1029

Date 8-11-47

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 Arnell J. White

Licensed Embalmer No. 3012

P. O. Address Impton N.C.

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.