

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Cooper
 (c) City or town Dooneville
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ANNA H NEWCOMB
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month March day 4
 year 1948 hour 6 minute 30 A.M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 10 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1 1948 to March 4 1948
 that I last saw her alive on March 3 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months _____ Days 24 If less than one day hr. _____ min. _____

Immediate cause of death Thrombocytopenic purpura
 Due to _____
 Due to _____

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

Other conditions 93 D
(Include pregnancy within 3 months of death)

10. Usual occupation housewife

Major findings: Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name John Leroy
 13. Birthplace Penn.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Harkins
 15. Birthplace Penn.
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Records Dept - Hosp 1
 (b) Address Wilton
 17. (a) Removal (b) Date thereof 3-4-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Hill
 18. (a) Signature of funeral director Louis H. Boff Inc
 (b) Address Kirkwood Mo
 19. (a) 3-4-1948 (b) Joan Masuchoff
(Date received local registrar) (Registrar's signature)

23. Signature J. P. [unclear] (M. D. or other) _____
 Address Wilton Mo 3/4/48 Date signed _____

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

4
2

MOTHER FATHER

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

Date Filed MAR 19 1948

District File Number _____

Inspector, Health Officer No. 9,

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 Felix Howard

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 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.