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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1948

Registration District No. 282

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 37659

Primary Registration District No. 5973

Registrar's No. 162

**1. PLACE OF DEATH:**
(a) County Polk
(b) City or town Rural - Jefferson Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 30 years

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Polk 84
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Jefferson Twp. 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles H. Newcomb
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louisa C. Newcomb
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Nov. (Month) 15 (Day) 1862 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 86 | 0 | 18 | ..... hr. ..... min. |

9. Birthplace Medham (City, town, or county) Mass. (State or foreign country)
10. Usual occupation Plastering - Retired
11. Industry or business Contracting
FATHER
12. Name George Newcomb
13. Birthplace Unknown (City, town, or county) Mass. (State or foreign country)
MOTHER
14. Maiden name Elizabeth Mills
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant George Newcomb
(b) Address Flemington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 5-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Flemington Cemetery
18. (a) Signature of funeral director E. H. Brunn
(b) Address Humansville, Mo.
19. (a) Dec 9, 1948 (Date received by local registrar) (b) Ralph Garden (Registrar's signature)
by Jewell

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 3 year 1948 hour 7 minute 15 P.M.
21. I hereby certify that I attended the deceased from ..... 1945, to Dec 1 1948; that I last saw him alive on Nov. 29 1948; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrhage | |
| Due to Chronic Myocarditis | yrs. |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) Senility | |
| 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. E. Wetzel (M.D. or other) DO
Address Humansville, Mo. Date signed 12-1-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-48-1441
Date Filed 12-14-48

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 Wm. W. Northrop, Registered Apprentice No. 247 working under my personal supervision.

Signed E H Primm

Licensed Embalmer No. 4282

P. O. Address Humansville, M

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**