

S. No. 2
DM-543
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY - 0 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18164

State File No. _____
Registrar's No. 33

Registration District No. 212 Primary Registration District No. 3044

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

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Eldon
(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)
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller
(c) City or town Eldon
(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 NOIR ORLENA NEWCUM
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 15
year 1947 hour 7 minute 309.M.
21. I hereby certify that I attended the deceased from 20 FEB, 1947, to 15 MAY, 1947, that I last saw her alive on 27 APRIL, 1947, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or White
6. (a) Single, widowed, married Divorced
6. (b) Name of husband or wife A. G. Newcum
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 17 1898
(Month) (Day) (Year)

Immediate cause of death CANCER OF BREAST WITH SKIN AND AXILLARY METASTASIS
Duration _____

8. AGE: Years 48 Months 4 Days 28
If less than one day _____ hr _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Bingham Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation Cook

Major findings: Of operations 50
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Charles Merriman
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Roxana Merriman
15. Birthplace Ill.
(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? _____

16. (a) Informant Mrs. Clyde Goodrich
(b) Address Eldon, Mo.
17. (a) Burial (b) Date thereof 5-17-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Pleasant Epist.
18. (a) Signature of funeral director Lewis P. Phillips
(b) Address Eldon, Mo.
19. (a) 5-16-47 (b) Alveretta Galt
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Carl J. Buchholz M. D. or other MD
Address Eldon Mo Date signed 5-16-47

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 5-19-47

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.....

Louis D. Phillips

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Louis D. Phillips*

Licensed Embalmer No. 3663

P. O. Address Edison

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.