N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24209
Do not use this space.

1. PLACE OF DEATH
(a) County: Jackson
(b) Township: Kaw
(c) City: Kansas City
Registration District No.: 399
Primary Registration District No.: 1002
Registered No.: 2714
(d) Street No.: 6615 Wabash St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: yrs. 8 mos. ds. (f). How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Lucinda Louise Niewald
(a) Residence, No.: Queensville Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry Niewald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 19 - 1858

7. AGE: Years 80 | Months 3 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Fredrick Kreutzer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): J. W. Niewald 6615 Wabash

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Queensville Mo DATE: July 7 1938

19. FUNERAL DIRECTOR (NAME): Dunn & Conti & Son
(ADDRESS): Brush Creek + Pagoda

20. FILED: 7-6 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 5 1938

22. I HEREBY CERTIFY, That I attended deceased from May 17 1938 to July 5 1938
I last saw him alive on July 10 1938. Death is said to have occurred on the date stated above, at 2:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
C.H.F.	
Other contributory causes of importance:	
Senility	6 mo

Name of operation: none Date of:
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury: , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify:

(Signed): J. Henry George M.D.
(Address): 2418 Cleveland Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

2618 Cleveland
71-6001

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 Nell Carr

Licensed Embalmer No. 3976

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.