

ESTD JUN 8 1939

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

17437  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 214 E. 33rd Street St.  
 (e) Length of residence in city or town where death occurred 54 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Mrs. Belle E. Newby  
 (a) Residence, No. 214 E. 33rd Street 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Newby  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1846  
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, .....hrs. or .....min.  
92 9 28  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
 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) Kentucky  
 FATHER 13. NAME Frederick Stine  
 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 Clarence L. Newby  
 (ADDRESS) 3031 Main Street  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE May 2, 1939  
 19. FUNERAL DIRECTOR Freeman Mortuary  
 (ADDRESS) 104 W. 42nd St., K.C., Mo.  
 20. FILED May 2 1939 M. M. Browne  
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1939, to Apr 30, 1939  
 Last saw her alive on Apr 29, 1939. Death is said to have occurred on the date stated above, at 1 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Old age & apoplexy.  
 Other contributory causes of importance:  
Age & Fracture hip.  
 Name of operation No Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in the following:  
 Accident, suicide, or homicide Acc fall at home Date of injury Apr 30 1939  
 Where did injury occur? Acc fall at home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Acc fall  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. Crowder, M. D.  
 (Address) 4214 Union St. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 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.

FORM 7-20-37 I X12604

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

\_\_\_\_\_ Licensed Embalmer No. \_\_\_\_\_

**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.)**

*Vertical handwritten text on the right margin, possibly "12/15/15".*

*Vertical handwritten signature or initials on the right margin.*