

REC'D AUG 22 1939

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

25795
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 398
(b) Township BEUF Primary Registration District No. 3019 Registered No. 238
(c) City INDEPENDENCE (d) Street No. INDEPENDENCE SANITARIUM 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 11 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1800 S. WILLOW St. MAYWOOD STATION
(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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. LELA ARLENE NEWMAN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 17 1910
7. AGE YEARS 29 MONTHS 0 DAYS 3 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LAUNDRY SALESMAN
9. Industry or business in which work was done, as saw mill, bank, etc. DUNLAP LAUNDRY AND LINEN SUPPLY COMPANY
10. Date deceased last worked at this occupation (month and year) JULY 19 1939 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY MISSOURI

FATHER 13. NAME RICHARD CLARENCE NEWMAN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME MAY PULLIAM

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY MISSOURI

17. INFORMANT (ADDRESS) MRS. LELA ARLENE NEWMAN 1800 WILLOW INDEP. MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON R.C.M. DATE JULY 24 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMERS SONS KANSAS CITY MISSOURI

20. FILED July 24 1939 F.L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 20 1939

22. I HEREBY CERTIFY, That I attended deceased from June 9 1939 to July 20 1939
I last saw him alive on July 20 1939. Death is said to have occurred on the date stated above, at 8:20 P.M.
The principal cause of death and related causes of importance were as follows:

Acute ~~Myocardial~~ lymphatic leukemia (Pneumonia, hepatic terminal) Date of onset 7-1-39

Other contributory causes of importance:
Vincent's defect of mouth
Pyorrhea
Myocarditis

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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? yes
If so, specify _____ (Signed) George J. Pelt M. D.
210 (Address) 11075 Weiner Rd. Independence Mo.

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.

2nd floor / over Johnson's drug store
3-51-30

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 C. Hervey Quisenberry

Licensed Embalmer No. 40708

P. O. Address K. C. 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, above space should be left blank.