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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

Registration District No. 377

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9779

Registrar's No. 1188

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

18
3
8

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3516 Highland 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ABOUT 55 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48 3 8

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3516 Highland 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 55 years.

3. (a) PRINT FULL NAME Louis Newberg

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Olive Newberg

6. (c) Age of husband or wife if alive Unobtainable years

7. Birth date of deceased May (Month) 19 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	10	1	hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Realtor

11. Industry or business

FATHER
12. Name Pinkus Newberg
13. Birthplace Poland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Hannah Neustadt
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant George Newberg
(b) Address 2821 E. 33rd. K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 3400 Woodland, K. C. Mo.

19. (a) 3/23/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Jan 18 1941, to May 1941
that I last saw him alive on March 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery disease with Acute Myocardial failure

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94 U

Major findings:
Of operations
Of autopsy

Duration

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 J. B. Brown, M.D. (M. D. or other)
Address 306 E 12 Date signed May 23

(Licensed Embalmer's Statement on Reverse Side)

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 Myself, Registered Apprentice No. ..... working under my personal supervision.

Signed Bert Legan

Licensed Embalmer No. 3979

P. O. Address Kansas City, Mo.

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

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