

LED JAN 24 1942

Registration District No. 377

Primary Registration District No. 1002

Registrar's No. 4478

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
4342 Myrtle
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 21 years 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 049
(c) City or town Kansas City MO. 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 4342 Myrtle
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Louis J. Newman

3. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month December 2nd
year 1941 hour 4.45 minute 45 P.M.

21. I hereby certify that I attended the deceased from 5/15 1941 to 12/2 1941
that I last saw him alive on 12/1 1941
and that death occurred on the date and hour stated above.

4. Sex 0 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Angelina (c) Age of husband or wife if alive dead years

7. Birth date of deceased October 20 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Berks county Pa. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name John Newman

13. Birthplace Berks Pa. (City, town, or county) (State or foreign country)

14. Maiden name Angelina Boyer

15. Birthplace Berks Pa. (City, town, or county) (State or foreign country)

16. (a) Informant Lewis Newman

(b) Address 4342 Myrtle

17. (a) Removal (b) Date thereof Dec 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Junction City Ks.

18. (a) Signature of funeral director Steinbacher, s

(b) Address 12146 Main St.

19. (a) 12/3/41 (b) M. M. Brown
(Date received by registrar) (Registrar's signature)

Immediate cause of death Branchial Pneumonia

Due to _____

Due to Carcinoma of Liver

Other conditions (Include pregnancy within 3 months of death) 468

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

Signature D.R. Russell (M. D. or other)

Address 3231-8-11th Date signed _____

Duration 2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....me.....

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

Signed *Thomas J. Steinfachs*

Licensed Embalmer No. 3930

P. O. Address 5523 Paseo Kansas

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.