

FILED APR 25 1942
3/9/42

Registration District No.

Primary Registration District No. 1002

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: General Hospital No. 1 3901 Manheim Rd.
(If outside city or town limits, write "RURAL")
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution bed patient in K. Gen. Hosp. 2-22-42 to 3-3-42 outpatients since
In this community: last date 15 YRS.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3901 Manheim Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 9th
year 1942 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from 2-22-42 19... to 19...
that I last saw her alive on About April 1st 1942 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Sclerosis; acute left ventricular Failure; acute pulmonary congestion and edema
Due to edema
Due to 94a
Other conditions: See above for results of Autopsy
(Include pregnancy within 8 months of death)

Duration

Major findings: See above for results of Autopsy
Of operations: See above for results of Autopsy
Of autopsy: See above for results of Autopsy
PHYSICIAN: See above for results of Autopsy
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) See above for results of Autopsy
(b) Date of occurrence See above for results of Autopsy
(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 See above for results of Autopsy
23. Signature Amey R. Thom (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed See above for results of Autopsy

3. (a) PRINT FULL NAME JOSEPHINE NEWMAN
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Newman 6. (c) Age of husband or wife if alive 96 years
7. Birth date of deceased June 30, 1852
(Month) (Day) (Year)

8. AGE: Years 89 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Richmond Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Edwin J. E. Meatt
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Edith Adelle Wood
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E. L. O'Neil
(b) Address 330 5th Floor

17. (a) Burial (b) Date thereof 4-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Edgerton Mo

18. (a) Signature of funeral director Keith Funeral Home
(b) Address Kansas City Mo

19. (a) 4-11-42 (b) M. M. Crowley
(Date received local registrar) (Registrar's signature)

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.