

REC'D JAN 13 1943 72

Registration District No.

Primary Registration District No. 5289

Registrar's No. 108

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town North 5th Independence, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution North R.C. 1 Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 yrs (Specify whether years, months or days)

In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. R.R. # 5 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME HAZEL BESSIE NEWLAND

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 1942
year 1942 hour 2:30 minute 1 M.

21. I hereby certify that I attended the deceased from Dec 19, 1942, to Dec 20, 1942
that I last saw her alive on Dec 20, 1942
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Henry Clay Newland

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec 9 1895
(Month) (Day) (Year)

Immediate cause of death Cerebral Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 9/4/42

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>0</u>	<u>11</u>	hr. min.

9. Birthplace Menona County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name of father Thomas Albert Phillips

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

14. Maiden name Anna Stewart

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

16. (a) Informant Henry Clay Newland

(b) Address R.R. # 5 North R.C. Mo.

17. (a) Burial (b) Date thereof 12/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Liberty Mo.

18. (a) Signature of funeral director John S. Minton Funeral Home

(b) Address North R.C. Mo.

19. (a) Dec 21 1942 (b) Opeth N. Henry
(Date received local registrar) (Registrar's signature)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(2) Means of injury

23. Signature Samuel F. Dodge (M. D. or other) 12/21/42

Address North Kansas City Date signed 12/21/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Health Officer No. 8,

Case Number

1-12-43

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

Clara E. Hodges

Licensed Embalmer No.

2729

P. O. Address

North 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, fact should be so stated above.