

U.S. No. 2
FORM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20427
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2810

FILED JUL 10 1948

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

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hrs. 50 mins.
(Specify whether years, months or days) 7 hrs. 50 min.

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. 928 Winchester
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Linda Lou Newsome
(b) If veteran, name war no
(c) Social Security No. none
4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 21, 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 21
year 1946 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 21, 1946 to 6-21-46, 1946
that I last saw her alive on 6-21, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
- - - 7 hr. 50 min.

Immediate cause of death Prematurity
Due to _____
Due to _____
Other conditions 159
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy See above

9. Birthplace Kansas City Mo. 6
(City, town, or county) (State or foreign country)
10. Usual occupation infant
11. Industry or business _____
12. Name Jim Newsome
13. Birthplace Camden Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Rose Emma Whitman
15. Birthplace Barto Florida 1
(City, town, or county) (State or foreign country)

MOTHER FATHER {
16. (a) Informant Frank M. Newsome
(b) Address Camden, Mo.
17. (a) Burial (b) Date thereof June 25, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Camden, Mo.
18. (a) Signature of funeral director Thurman Funeral Home
(b) Address Richmond, Mo.
19. (a) 6-24-46 (b) Beraldine Holmes
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 6-22-46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. Buckner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, ~~or by~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *E. Thurman*
by Levan Thurman
Licensed Embalmer No. *2073*
P. O. Address *Richmond, 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.