

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED MAR 25 1947

Registration District No. 177

Primary Registration District No. 1002

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:
1108 Vine Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community. 5 hours (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1108 Vine 8
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Infant Newman

3. (b) If veteran, name war no.

3. (c) Social Security No. None

4. Sex Male 2, 5. Color or race Negro

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 March - - 7 - 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

5 hr. _____ min.

9. Birthplace Kansas City Mo. - - 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name William Newman

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

14. Maiden name Mirl Lewis

15. Birthplace Ft. Scott Kansas /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mirl Newman

(b) Address 1108 Vine Street

17. (a) Burial (b) Date thereof 3/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1212 Vine St. Kansas City, Mo.

19. (a) 3-12-47 (b) Geraldine Holmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1947 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from 2:45 A.M.
_____, 19____, to 7:00 A.M. 19____.

that I last saw him alive on 3-7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Duration _____

Due to _____

Due to _____

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

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Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) 2
(e) Means of injury _____

23. Signature Frank T. Machover (M. D. or other) OO

Address 207 Hanford Ave. K.C., Mo. Date signed 3-11-47

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.....

E. Sterling Bull
.....
Licensed Embalmer No. 3.....

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.