

S. No. 2
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5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13602

FILED MAY 5 1947

State File No. _____

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 1810

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: 4268 Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX
50 years (Specify whether 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. 4268 Jefferson
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM G. NEWMAN

3. (b) If veteran, name war No

3. (c) Social Security No. 702-05-5679

4. Sex Ma

5. Color or race Wh

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

6. (b) Name of husband or wife Fern Newman

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

7. Birth date of deceased August 22 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 26
If less than one day hr. _____ min.

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

10. Usual occupation Supervisor Pass. Equipment

11. Industry or business Wabash R.R.

12. Name No Record

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

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. D. Mooney

(b) Address 4268 Jefferson

17. (a) Burial (b) Date thereof 4-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Kansas City, Mo.

19. (a) 4-21-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Apr. day 18th
year 1947 hour 8:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 21 28 1945 to April 18 1947
that I last saw him alive on April 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Ventricular fibrillation

Duration minutes

Due to Chronic coronary artery sclerosis and

Due to congestive heart failure

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

Major findings: [Signature]

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 D

23. Signature [Signature] (M. D. or other)

Address 820 Professional Bldg. Date signed 4/20/47

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

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.