No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 17551

Registrar's No. 2006

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: A.C. General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours (Specify whether

In this community 8 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 2

(d) Street No. 3842 Campbell (If rural, give location) 8

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Ralph Newberry

3. (b) If veteran, name war World War I

3. (c) Social Security No. 499-09-5785

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ethel N. Newberry

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Jan. 14, 1896 (Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation Sheet Metal Worker

11. Industry or business Werner Sheet Metal

FATHER
12. Name George H. Newberry
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Celia A. Martin
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant J. M. Newberry

(b) Address Neodeshea, Kas.

17. (a) Removal (auto) (Burial, cremation, or removal) (b) Date thereof May 6, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Richland, Mo.

18. (a) Signature of funeral director Thomas E. Quirk

(b) Address 4316 Troost Ave.

19. (a) 5-5-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1947 hour 11.15 P.M. minute M.

21. I hereby certify that I attended the deceased from Jan 1947, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Sub dural Hemorrhage +	
Due to Interstitial Hemorrhage	
Due to Trauma	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1952	
Of autopsy yes - as above	

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) Do not know 123

(b) Date of occurrence 5-1-47

(c) Where did injury occur? K.C. Jackson Mo (City or town) (County) (State)

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

While at work? no (e) Means of injury Trauma 3

23. Signature James C Wallace (M. D. ~~or other~~ Corner)

Address 1424 [illegible] Date signed 5-4-47

(Licensed Embalmer's Statement on Reverse Side)

JUN 19 1947

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 Thomas E. Lirk

Licensed Embalmer No. 3775

P. O. Address 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.