

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21107

Registrar's No. 2467

Registration District No. 149

Primary Registration District No. 1002

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: ST LUNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WEEKS
In this community 8 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. 5107 GARFIELD AVENUE
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. MARY ADELLA NEWMAN

3. (b) If veteran, name war. No 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. James E. Newman 6. (c) Age of husband or wife if alive _____ years
Birth date of deceased DEC 1 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 13 If less than one day hr. min.

9. Birthplace BELMONT CO. OHIO
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business GENERAL MILLS

12. Name WILLIAM MCCALL

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

14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MRS ESTELLE COVAN

(b) Address 5107 Garfield

17. (a) REMOVAL (b) Date thereof 6-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LACHEDE, MO.

18. (a) Signature of funeral director W. H. Newsum

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 6-5-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 4TH
year 1947 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 21
1947, to June 4, 1947
that I last saw her alive on June 4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Cerebral Embolus 14 days

Due to Arteriosclerosis
Due to (Paroxysmal)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93 lb

Of autopsy as above

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 Ames (M. D. or other) _____

Address 21107 Plaza Bldg Date signed 6/5/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

Katy, Mo

*Original
Mason City*

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 *Jess T. Deews*
Licensed Embalmer No. *445-3*
P. O. Address *Mason City*

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.