S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24314

Registrar's No. 2937

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: 909 Lydia st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson 48
(c) City or town Kansas City Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No. 909 Lydia st 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida Florance Newberry
3. (b) If veteran, name war — no
3. (c) Social Security No. Do not know

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert Newberry
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased April (Month) 19 (Day) 1881 (Year)

8. AGE: Years 66 Months 2 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Benton County Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business

FATHER
12. Name John Dickerson 9
13. Birthplace Do not know 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bertha Carpenter 9
15. Birthplace Do not know 1
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Newberry
(b) Address 909 Lydia st
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Beatho Cara Ground Edward Mo
18. (a) Signature of funeral director Passantino Bros
(b) Address Kansas City Mo
19. (a) 7-10-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1947 hour 9 minute 40 P. M.
21. I hereby certify that I attended the deceased from July 5, 1947 to July 8, 1947
that I last saw her alive on July 8, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	6 Mo
Due to	
Due to myocardial degeneration	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 D

PHYSICIAN
Underline the cause of 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? (Specify type of place) 2
While at work? (e) Means of injury
23. Signature Dr. A. C. Caciopo (M. D. or other) D. O.
Address 3622 Independence Date signed 7-9-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Francis Walter

Licensed Embalmer No. 2744

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.