

National Office of Vital Statistics

FILED DEC 26 1947  
Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USING 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 **1922 EAST 81ST STREET TERRACE**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **60 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. **3437 TROOST AVENUE**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MR. WILLIAM RAYMOND NEWMAN**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **487-10-7118**

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **3 divorced**

6. (b) Name of husband or wife **MRS. MADE E. NEWMAN**

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

7. Birth date of deceased **JANUARY 27 1880**  
(Month) (Day) (Year)

8. AGE: Years Months Days **67 10 25** If less than one day  
.....hr. ....min.

9. Birthplace **EAST LIVERPOOL OHIO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **PLATER**

11. Industry or business **FITZGERALD & SONS**

12. Name **DAVID NEWMAN**

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

14. Maiden name **HARRIET AGNES ALLISON**

15. Birthplace **EAST LIVERPOOL OHIO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Made E. Newman**

(b) Address **1922 E 81st Street**

17. (a) **BURIAL** (b) Date thereof **Dec 13, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. MORIAN CEMETERY**

18. (a) Signature of funeral director **D. N. Newman**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **12-13-47** (b) **Sheldine Adams**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER** day **11<sup>TH</sup>**  
year **1947** hour **2** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **6-14**  
19**47** to **12-9-** 19**47**  
that I last saw him alive on **12-9-** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **CARCINOMA OF Bladder (urinary)**  
Duration **2 yrs**

Due to **—**

Due to **—**

Other conditions **—**  
(Include pregnancy within 3 months of death) **52 b**

Major findings: **Carcinoma of bladder**  
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 **—**

23. Signature **Sheldine Adams** (M. D. or other) **—**

Address **75th & Troost, KC** Date signed **12-12-47**

10-5

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C., 4 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.