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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 29895
Registrar's No. 3575

WRITE PLAINLY—USE 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: Lindeman Convalescent Home 14
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 24 hours (Specify whether years, months or days)
In this community: 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Crawford 999
(c) City or town: Pittsburg
(If outside city or town limits, write "RURAL")
(d) Street No.: 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mrs. Gertrude Newlands
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Cris Newlands
6. (c) Age of husband or wife if alive: 1878 years
7. Birth date of deceased: August 9th. (Month) (Day) (Year)
8. AGE: Years 70 Months 0 Days 22 If less than one day hr. min.
9. Birthplace: Columbus (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
FATHER 12. Name: Edward Denny
13. Birthplace: England 4 (City, town, or country) (State or foreign country)
MOTHER 14. Maiden name: Mary Peters
15. Birthplace: Ohio 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. James Poteet
(b) Address: Route #8, No. Kansas City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbus, Kansas
18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: Kansas City, Missouri
19. (a) 9-1-48 (Date received local registrar) (b) Geraldine Holman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 31st. year: 1948 hour: 9 minute: 50 P. M.
21. I hereby certify that I attended the deceased from December 15, 1947, to 31 aug, 1948 that I last saw her alive on Aug 31, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Large bowel obstruction + absence bowel	2 wks
Due to: Uretero-intestinal surgery	6 wks
Due to: Adeno carcinoma of cervix	1 year
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 48a
Of autopsy: absence sigmoid - Vesicovaginal fistula due to Carcinoma

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):
(b) Date of occurrence:
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury: 0
23. Signature: Alloyd Stockwell (M. D. or other) MD
Address: 600 Professional Bldg Date signed: 1 Sept 48

(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 Walter H. Erwin

Licensed Embalmer No. 4352

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.