

10-300
10-47
17-39
1 3906

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4421

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: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether)

In this community 62 YEARS
years, months or days)

3. (a) PRINT FULL NAME MR. RICHARD CLARENCE NEWMAN

3. (b) If veteran, name war No

3. (c) Social Security No. UNKNOWN

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife FLORENCE McCULSTON NEWMAN

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

7. Birth date of deceased DECEMBER - 7 - 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 10 21 hr. min.

9. Birthplace OMAHA NEBRASKA
(City, town, or county) (State or foreign country)

10. Usual occupation ASST Supt NEBRASKA

11. Industry or business ORDNANCE PLANT

12. Name WILLARD B. NEWMAN

13. Birthplace HASTINGS NEBRASKA
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN NEBRASKA
(City, town, or county) (State or foreign country)

16. (a) Informant MR. ELMER ROBERT NEWMAN

(b) Address 1241 JEFFERSON ST. K.C.M.S.

17. (a) BURIAL (b) Date thereof Nov. 1-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL Cem.

18. (a) Signature of funeral director O. H. Neffemore, Low

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 10-30-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 1241 JEFFERSON STREET
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 28
year 1948 hour 12:58 minute P. M.

21. I hereby certify that I attended the deceased from 10-20 to 10-28, 1948
that I last saw him alive on 10-28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death trauma to pericardium Duration 5 days
myocardia

Due to Chronic Cor Pulmonale
male 5 year

Due to myocardia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 101

Of autopsy _____

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? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

Hubert M. Parker (Specify type of place) D
While at work? _____ (c) Means of injury _____

23. Signature Hubert M. Parker (M. D. or other) M.D.
Address 10-29 Date signed 10/29/48

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..... *Robert Ray*.....
Licensed Embalmer No. *4182*.....
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.