

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **St. Joseph Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 days**  
In this community **25 Years**  
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. **Washington Hotel**  
**1201 Washington**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **FLOYD NEWELL**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **245-05-6856**

4. Sex **Male**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife **Berneice Newell**  
6. (c) Age of husband or wife if alive **41** years  
7. Birth date of deceased **Aug. 30, 1904**  
(Month) (Day) (Year)

8. AGE: Years **44** Months **5** Days **3**  
If less than one day hr. min.

9. Birthplace **Beloit, Wisconsin**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Publicity Man**

11. Industry or business

12. Name **Unknown**

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

14. Maiden name **Annie Muehe**

15. Birthplace **Wisconsin**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sylvia Muehe**

(b) Address **New Lisbon, Wisconsin**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **12-6-48**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Freeman Mortuary**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City Missouri**

19. (a) **12-6-48** (Date received local registrar) (b) **Heraldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **3rd.**  
year **1948** hour minute M.

21. I hereby certify that I attended the deceased from **11-29-48**  
to **12-3-48**  
that I last saw him alive on **12-3-48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial failure**  
Due to **liver cirrhosis**  
Due to **alcoholism**  
Other conditions (Include pregnancy within 3 months of death)

Major findings: **12.42**  
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)  
J. A. Nigro  
23. Signature **J. A. Nigro** (M.D. or other)  
Address **929 Angyle** Date signed **12-6-48**

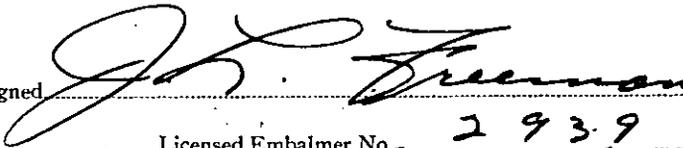
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**STATEMENT BY LICENSED EMBALMER**

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 .....  
Licensed Embalmer No. 2939  
P. O. Address K. O. 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.**