

FILED APR 6 1949 STANDARD CERTIFICATE OF DEATH

State File No. 8550

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1132			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 1		c. LENGTH OF STAY (in this place) 3.5 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY					
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL				d. STREET ADDRESS (If rural, give location) 1820 EAST 75 TH TERRACE					
3. NAME OF DECEASED (Type or Print) a. (First) Albert		b. (Middle) A		c. (Last) NEUMAN		4. DATE OF DEATH (Month) (Day) (Year) MAR-9-1949			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 16, 1883			
9. AGE (In years last birthday) 65 YRS.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Heavy Hauler Opr.		11. BIRTHPLACE (State or foreign country) Troy Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10b. KIND OF BUSINESS OR INDUSTRY Trucking		13a. FATHER'S NAME Carl NEUMAN		13b. MOTHER'S MAIDEN NAME Josephine Unknown		14. NAME OF HUSBAND OR WIFE Marie E. Neuman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL/SECURITY NO. 486-26-8253		17. INFORMANT'S SIGNATURE OR NAME Marie E. Neuman		ADDRESS 1820 E 75 TH ST.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of caecum ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with metastases DUE TO (c) (perforated in abdomen & liver) 153X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 3/2/48		19b. MAJOR FINDINGS OF OPERATION operation (as above)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Feb-1948, to 3-9-1949, that I last saw the deceased alive on 3-9-1949, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Vincent T. Williams (Degree or title) Vincent T. Williams M.D.				23b. ADDRESS 836 Arvyle Bldg.		23c. DATE SIGNED 3/9/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/12/49		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Kansas City Mo.			
DATE REC'D BY LOCAL REG. 3-11-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.H. Newcomer's Sons 1401 BROWN GREEN BLDG KANSAS CITY, MISSOURI					

(Licensed Embalmer's Statement on Reverse Side)

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

12:30.2:36

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Bernard L. Horan

Licensed Embalmer No.

4250

P. O. Address

H. C. 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.