

FILED JUL 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27140**

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>109</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL PRAIRIE TWP.</u>		c. LENGTH OF STAY (In this place) <u>19R-6Mo-11D</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JACKSON Co. HOME INDEP. MO</u>				d. STREET ADDRESS (If rural, give location) <u>4217 CHARLOTTE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>M</u>		c. (Last) <u>MEWBORN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 18 1949</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED/NEVER MARRIED... WIDOWED, DIVORCED (Specify) <u>S</u>		8. DATE OF BIRTH <u>6-12-1870</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lab. Oper.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Street Car Co.</u>		11. BIRTHPLACE (State or foreign country) <u>MACON TEXAS TENN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. M. Newborn</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JACKSON Co. HOME RECORDS</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>794X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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 <u>1-1</u> , 19 <u>49</u> to <u>6-18</u> , 19 <u>49</u> that I last saw the deceased alive on <u>6-18</u> , 1949, and that death occurred <u>at 4:05 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. W. Greenleaf M.D.</u>		23b. ADDRESS <u>Independence Mo</u>		23c. DATE SIGNED <u>7/14/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 20, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cem</u>		24d. LOCATION (City, town, or county) (State) <u>K.P.Mo</u>	
DATE REC'D BY LOCAL REG. <u>JUNE 20, 1949</u>		REGISTRAR'S SIGNATURE <u>Conrad C. Earnshaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. W. Newcomer, Sons</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PRINTED USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

JUL 19 1963

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 John E. Feaking

Licensed Embalmer No. 4483

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.