

FILED OCT 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30597

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4059

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson 3208	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 290	
c. LENGTH OF STAY (in this place) 25 Yrs		d. STREET ADDRESS (If rural, give location) 911 W. 14 St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print) a. (First) Royal b. (Middle) ISSAC c. (Last) Newkirk			4. DATE OF DEATH (Month) (Day) (Year) 9 25 50			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH April 12 1874	9. AGE (in years last birthday) 76	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Penna. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Issac Newkirk		13b. MOTHER'S MAIDEN NAME Amanda Bentley		14. NAME OF HUSBAND OR WIFE Nannie Newkirk	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. B. N. Baker Kansas City, Missouri	

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) Bronchogenic carcinoma primary				INTERVAL BETWEEN ONSET AND DEATH 162x
		ANTECEDENT CAUSES Morbidity 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. XXXXXXXX				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION See above				20. AUTOPSY? YES <input checked="" 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 Sept. 25 19 50, to Sept. 25, 19 50, that I last saw the deceased alive on Sept. 25, 19 50, and that death occurred at 8:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE E. H. Stratemeyer J. (Degree or title) MD		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 9-26-50			
24a. (BURIAL, CREMATION, REMOVAL) Burial		24b. DATE Sept. 27 1950		24c. NAME OF CEMETERY OR CREMATORY Union Cemetary		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	

DATE REC'D BY LOCAL REG. 9-26-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster Kansas City, Missouri	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. R. Russell

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *John Clark*

Signed.....
Student Embalmer

Licensed Embalmer No. *4216*

P. O. Address *F. 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.