

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20604

State File No. ....

FILED JUL 5 1952

Registrar's No. 2799

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>	
c. LENGTH OF STAY (in this place) <i>30 YRS</i>		d. STREET ADDRESS (If rural, give location) <i>1409 E 12th St</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1409 E 12th St</i>		e. STREET ADDRESS <i>1409 E 12th St</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>WALTER</i> b. (Middle) <i>NEWMAN</i> c. (Last) <i>NEWMAN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>6-13-52</i>		
5. SEX <i>male</i>		6. COLOR OR RACE <i>negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	
8. DATE OF BIRTH <i>Nov. 11, 1897</i>		9. AGE (In years last birthday) <i>55</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Hotel work</i>	
11. BIRTHPLACE (State or foreign country) <i>St. Marcos Texas</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>		13. KIND OF BUSINESS OR INDUSTRY <i>Hotel work</i>	

13a. FATHER'S NAME <i>HALLAR D. Newman</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Blackwell</i>		14. NAME OF HUSBAND OR WIFE <i>Sarah Newman</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>495-09-9277</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Edna M. Chis</i> ADDRESS <i>Los Angeles Calif.</i>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Hypertensive Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH	
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. <i>Congestive Failure</i>		<i>4434</i>	

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)		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 *6/9, 1952* to *6/9, 1952*, that I last saw the deceased alive on *6/9, 1952* and that death occurred at *7:30 am.*, from the causes and on the date stated above.

23a. SIGNATURE <i>S. Dangle</i> (Degree or title)		23b. ADDRESS <i>2122 E. 15th</i>		23c. DATE SIGNED <i>6/18/52</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>6-18-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Blue Ridge Lawn</i>	
24d. LOCATION (City, town, or county) (State) <i>Kansas City, mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Edna M. Chis</i>		ADDRESS <i>1212 nine St</i>	

DATE REC'D BY LOCAL REG <i>6-19-52</i>		REGISTRAR'S SIGNATURE <i>Seraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Edna M. Chis</i>	
				ADDRESS <i>1212 nine St</i>	

K.C.M.B.

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

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.....

*E. Sterling Bells*

Signed.....  
Student Embalmer

Licensed Embalmer No. *23178*

P. O. Address *1212 Vine St*

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.)

*H. C. Mc*

If this body is not embalmed, fact should be so stated above.