

556'D JUL 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20998
Do not use this space.

1. PLACE OF DEATH 2
(a) County JACKSON Registration District No. 395
(b) Township KAW Primary Registration District No. 1802 Registered No. 2266
(c) City KANSAS CITY (d) Street No. 3900 HARRISON St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 49 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS. CLARA MAE COOK NEWMAN
(a) Residence, No. 3900 HARRISON St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY-4-1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 4 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SENECA ILLINOIS
13. NAME SAMUEL J. COOK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARCELINE OHIO
15. MAIDEN NAME ANNIE TERRELL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HAMILTON CANADA
17. INFORMANT (ADDRESS) MR. NORMAN EARL NEWMAN 3900 HARRISON STREET
18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn R.C.H. DATE June 2 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMER'S SONS 1401 BRUSH CREEK BLVD. 91 39 M. M. Crown
20. FILED Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 31 1939
22. I HEREBY CERTIFY, That I attended deceased from 2-5 1939 to 5-31 1939
I last saw her alive on 5-25 1939 Death is said to have occurred on the date stated above, at 7:15 P.M.
The principal cause of death and related causes of importance were as follows:
Coronary occlusion
59
Other contributory causes of importance:
Diabetes Mellitus 1930
Chronic Myocarditis 1920
Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Gordon P. Barrett M. D.
(Address) 252 Plaza Park

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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252-1149a 1344

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 F. M. Calhoun
Licensed Embalmer No. 3506
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, above space should be left blank.