

REG MAP 1, 5, 1940
Registration District No. _____

Primary Registration District No. 5216

Registrar's No. 152

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Thursell Camp Branch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: L
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: L (Specify whether
In this community: L
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? L years

3. (a) PRINT FULL NAME John Andrew Newman
(b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 12
year 1940 hour 6 minute 45 P. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Fannie Newman 6. (c) Age of husband or wife if alive L years
7. Birth date of deceased April 20 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 10
1939 to Jan 12 1940
that I last saw him alive on Jan 3 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 8 Days 22 If less than one day L min.

Immediate cause of death Carcinoma of bladder.
Duration _____

9. Birthplace Lower!
(City, town, or county) (State or foreign country)

Due to 51

10. Usual occupation Fanner

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business
12. Name George W. Newman
13. Birthplace Peru (City, town, or county) (State or foreign country)
14. Maiden name Rebecca Cohen
15. Birthplace Peru (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Geo. W. Newman
(b) Address Central Kansas City, Mo
17. (a) Pills Chapel (b) Date thereof Jan 14-40
(Burial, cremation, or other) (City or town) (County) (State) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director HARRISONVILLE, MO 145
(b) Address _____
19. (a) 1-14-40 (b) Ellie Starn
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. West (M. D. or other) 1940
Address Harrisonville Mo Date signed Jan 14

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

19

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 _____

Ernest Rummelburger

Licensed Embalmer No. _____

3368

P. O. Address _____

Harrisonville 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.