

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_ State File No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
K.C. General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
(Specify whether  
In this community 30 years  
years, months or days)

3. (a) PRINT FULL NAME CHARLES NEWSOME 257

(b) If veteran, name war --- 3. (c) Social Security No. unk

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Sept. 27th 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 8 29 hr. min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Jessie R. Newsome

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Cox

15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address K.C. General Hospital, K.C. Mo.

17. (a) Removal (b) Date thereof 6-27-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus Ind

18. (a) Signature of funeral director W.F. Mayoy

(b) Address 2315 R. ...

19. (a) June 27, 1940 (b) M.M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 931 E. 11th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th  
year 1940 hour 1:00 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 18th, 1940 to June 26th, 1940  
that I last saw him alive on June 26th, 1940, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC NEPHRITIS WITH UREMIA

Due to 121

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy None

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature G.F. DeMarco, M.D. (M. D. or other)  
Supt. K.C. Gen. Hospital, K.C. Mo. Address Date signed

Duration

PHYSICIAN

Underlines the cause to which death should be charged statistically.

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

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**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.....

*R. E. Snow*

Licensed Embalmer No. ....

*2560*

P.O. Address.....

*2315 Kenwood*

**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.**

Uremia not  
secondary to a  
chronic nephritis

Pasteur