

13-40  
7-39  
X23159

FILED SEP 5 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27675  
3379  
Registrar's No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

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:  
2428 Park 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Agnes D. Newsom 250  
(b) If veteran, name war None  
(c) Social Security No. None

4. Sex Fe 5. Color or race Col. 6. (a) Single, widowed, married, divorced, widowed  
(b) Name of husband or wife Horace J. Newsom 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased November 25, 1857  
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Fayette Missouri  
(City, town, or county) (State or foreign country)  
At Home

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Matilda  
15. Birthplace Miami Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Vicky Newsom  
(b) Address 2428 Park  
removal (b) Date thereof 8/21/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Denver, Colorado  
(a) Signature of funeral director Nathans Bros.  
(b) Address 1729 Lydia  
(a) Aug. 21, 1940 (b) M. M. Craue  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State 0 Missouri (b) County Jackson  
Kansas City  
(c) City or town 2428 Park  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19  
year 1940 hour 7 minute 30 A. M.  
21. I hereby certify that I attended the deceased from August 13, 1940 to August 19, 1940  
that I last saw her alive on August 05, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac failure

Due to chronic myocarditis

Due to 93c

Other conditions (Include pregnancy within 3 months of death)

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

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 work) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 1002 Professional Bldg Date signed 8-21-40

Duration acute  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Dr. Lickerman.

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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.....

*Isaac Jerome D'Arbonne*

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd 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.)**

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