

FILED MAR 9 1942
Registration District No. **299**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson,**
(b) City or town **Kansas City,**
(c) Name of hospital or institution: **Menorah Hospital,**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days,**
In this community **50 years,**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Naurice S. Negbaur,**
(b) If veteran, name war **no.**
(c) Social Security No. **no**

4. Sex **Male**
5. Color or race **white**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **X**
6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased: **June 30th 1880**
(Month) (Day) (Year)

8. AGE: Years **61** Months **7** Days **3**
If less than one day hr. min.

9. Birthplace: **Kansas,**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Executive**

11. Industry or business: **Who Rug & Carpet**

12. Name: **Benjamin Negbaur,**
13. Birthplace: **Unknown,**
(City, town, or county) (State or foreign country)

14. Maiden name: **Laura Kohl Negbaur**
15. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Walter H. Negbaur,**
(b) Address: **717 Manheim Road, K. C., Mo.**

17. (a) **Burial,** (b) Date thereof: **2-5-42,**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Elmwood Cemetery,**
18. (a) Signature of funeral director: **Stine & McClure,**
(b) Address: **3235 Gillham Plaza, K. C., Mo.**

19. (a) **2-5-42** (b) **M. M. Crowe**
(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. **717 Manheim Road,**
(If rural, give location)
(e) Citizen of foreign country? **X** (Yes or No)
If yes, name country: **X**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **3rd**
year **1942** hour **8:20** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan 31,** 19**42** to **Feb 3,** 19**42**
that I last saw him alive on **Feb 3,** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death:
auricular fibrillation
cardiac decompensation

Due to: **coronary atherosclerosis**
Due to: **93 D**

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 place) (e) Means of injury
23. Signature: **J. H. Schaefer** (M. D. or)
Address: **1406 Bryant Bldg.** Date signed: **2/4/42**

Duration
3 days
3 days
6 mo.
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. A. Sophian.

By Janet B. B. B.
2 P.M.

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 *E. M. Plank*.....

Licensed Embalmer No. *1848*.....

P. O. Address *76. C. 7mo*.....

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.