

V. S. No. 2
 00M-5-43
 Rev. 5-17-39
 I X36871

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **1335**
 Registrar's No. **140**

FILED JAN 26 1945
 Registration District No. **149**

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**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2704 Summit
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1** (Specify whether
 In this community **40 or 50 Years**
 years, months or days)

3. (a) PRINT FULL NAME **Anna Marie Newby**
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Charles Edward Newby**
 6. (c) Age of husband or wife if alive **70** years
 7. Birth date of deceased **December 28 1878**
 (Month) (Day) (Year)

8. AGE: Years **70** Months **0** Days **19**
 If less than one day
 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business
 12. Name **Thomas Martin**
 13. Birthplace **Rochester New York**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Jane Colagan**
 15. Birthplace **New York**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Charles Edward Newby**
 (b) Address **2704 Summit**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-11-45**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Mary's Cemetery**

18. (a) Signature of funeral director **J. F. Donnell**
 (b) Address **3256 Broadway**

19. (a) **1-10-45** (Date received local registrar) (b) **N. E. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson 42**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2704 Summit**
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **January** day **7th.**
 year **1945** hour minute M.
 21. I hereby certify that I attended the deceased from **Jan 6-45**
 to **Jan 7-45**
 that I last saw her alive on **Jan 6-45**
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Decompensation Cardiac	1 week
Cerebral Hemorrhage	6 hrs

Other conditions (Include pregnancy within 3 months of death)
95C 2
 Major findings:
 Of operations
 Of autopsy
PHYSICIAN
 Underline the cause to which death should be charged statistically.

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)
 (c) Means of injury
 23. Signature **Orvin Schaefer MD** (M. D. or other)
 Address **220 Arroyo Rd** Date signed **1/10/45**

(Licensed Embalmer's Statement on Reverse Side)

Owen Krueger, M.D.
Areyale Bldg.

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address 11 E 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, fact should be so stated above.