S. No. 2
M—5-43
v. 5-17-39
o I X36671

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

19298

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 15 1946

State File No. 20425

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 2903

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: 5847 PENNSYLVANIA AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 62 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5847 PENNSYLVANIA 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME MRS. NELLIE AUGUSTA NEWCOMER

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 WIDOWED

6. (b) Name of husband or wife DAVID W. NEWCOMER

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased MAY (Month) 10 (Day) 1863 (Year)

8. AGE: Years 83 Months 1 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace NEW YORK CITY (City, town, or county) NEW YORK (State or foreign country)

10. Usual occupation NONE

11. Industry or business AT HOME

MOTHER FATHER

12. Name THOMAS McFADDEN

13. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)

14. Maiden name ELLEN DEMPSEY

15. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)

16. (a) Informant FRANK NEWCOMER

(b) Address OVERLAND PARK KANSAS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 2 1946 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ FOREST HILL CEMETERY

18. (a) Signature of funeral director W. W. Newcomer Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 7-1-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 29TH year 1946 hour 10 minute 21 P.M.

21. I hereby certify that I attended the deceased from March 24, 1946 to June 28, 1946 that I last saw the deceased alive on June 28, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum — Duration 9 months

Due to ____

Due to ____

Other conditions ____
*(Include pregnancy within 3 months of death)

46d

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature John L. Lapp (M. D. or other) M.D.

Address 1304 Professional Bldg. Date signed 7/1/46

(Licensed Embalmer's Statement on Reverse Side)

Professional Reg.

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kansas City-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.