V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27285

FILED SEP 3 1946

Registration District No. 19 Primary Registration District No. 1002 Registrar's No. 3641

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: Trinity Lutheran Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 min. (Specify whether years, months or days)
In this community all his life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County JACKSON 48
(c) City or town Grandview 0
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. #1 0
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 1
If yes, name country x

3. (a) PRINT FULL NAME Leonard E. Newman
3. (b) If veteran, name war no.
3. (c) Social Security ~~no.~~ 486-07-3426
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marie Newman
6. (c) Age of husband or wife if alive no. years
7. Birth date of deceased October (Month) 3 (Day) 1893 (Year)
8. AGE: Years 52 Months 10 Days 18 If less than one day hr. min.
9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Line Chauffeur
11. Industry or business x
FATHER
12. Name Alfred Newman
13. Birthplace England (City, town, or country) 4 (State or foreign country)
MOTHER
14. Maiden name Sarah Clark
15. Birthplace England (City, town, or county) 4 (State or foreign country)
16. (a) Informant Mrs. Leonard E. Newman
(b) Address Grandview, Missouri
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation Belton, Missouri
18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 8-22-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1946 hour 2:05 minute A. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Deputy Coroner	
Skull Fracture	
Due to Auto Trauma	
Due to (Car & Pedestrian)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1706-8 21	
Of autopsy History & Inspection	

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) Accident 12
(b) Date of occurrence 8/21/46
(c) Where did injury occur? Kansas City Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes (Specify type of place)
While at work? (e) Means of injury Trauma
23. Signature A. E. Upsher (M. D.) 2800 main
Address Date 8/21/46

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address KC. 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.