

No. 2
-1/47
5-17-39

31360

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED OCT 4 1947

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4094

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 Northeast Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Gage

(c) City or town Beatrice
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George C. Newton

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26
year 1947 hour 4 minute 53 P. M.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive 1856 years

7. Birth date of deceased: February 14 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 15th 1947 to Sept 26 1947
that I last saw her alive on Sept 26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death hypostatic pneumonia
Bronchial pneumonia

Duration 48 hrs

8. AGE:

Years	Months	Days	If less than one day
<u>91</u>	<u>7</u>	<u>12</u>	hr. min.

Due to myocarditis - chronic for 20 yrs - subacute 2 mos.

Due to hyper-tension

Other conditions (include pregnancy within 3 months of death)

9. Birthplace: New York
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Unknown, Newton

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

14. Maiden name Unknown

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

Major findings: none

Of operation 93 d

Of autopsy none

PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant Robert E. Newton

(b) Address 917 Glenwood

17. (a) removal (b) Date thereof 9-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beatrice, Nebraska

18. (a) Signature of funeral director Dixon L. Kepley

(b) Address Independence, Missouri

19. (a) 9-27-47 (b) Aeraldie Holmes
(Date received local registrar) (Registrar's signature)

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) 2

While at work? (Specify type of work)

23. Signature Earle S. ... (Date signed) 9/26/47

Address 307 Independence St

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

8. AGE:		Years	Months	Days	If less than one day	
		91	7	12hr.min.	
9. Birthplace.....					New York.	
(City, town, or county)					(State or foreign country)	
10. Usual occupation.....					Farmer	
11. Industry or business.....						
MOTHER FATHER	12. Name.....					Unknown Newton
	13. Birthplace.....					Unknown
	(City, town, or county)					(State or foreign country)
	14. Maiden name.....					Unknown
	15. Birthplace.....					Unknown
(City, town, or county)					(State or foreign country)	
16. (a) Informant.....					Robert E. Newton	
(b) Address.....					917 Glenwood	
17. (a) Removal.....					(b) Date thereof 9-27-'47	
(Burial, cremation, or removal)					(Month) (Day) (Year)	
(c) Place: burial or cremation.....					Beatrice, Neb.	
18. (a) Signature of funeral director.....					Debra L. Tephly	
(b) Address.....					Independence, Missouri	
19. (a).....					(b).....	
(Date received local registrar)					(Registrar's signature)	

Due to myocarditis

Due to hypertension

Other conditions.....
(Include pregnancy within 3 months of death)

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..... (M. D. or other).....
Address..... Date signed.....

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 Dixon L. Tephley

Licensed Embalmer No. 4285

P. O. Address. body no

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.