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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33031
Registrar's No. 3959

Registration District No. 149 Primary Registration District No. 1002

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: 23rd & Circle 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 21 years

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 West 16th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lee Roy Newton
3. (b) If veteran, name war W. W. II
3. (c) Social Security No. 486-09-9848
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Newton
6. (c) Age of husband or wife if alive Living 2 years
7. Birth date of deceased Oct. (Month) 22 (Day) 1909 (Year)

8. AGE: Years 38 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Packing House Laborer
11. Industry or business Swift & Co.
FATHER
12. Name Richard Newton
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rosie Meads
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ella Newton
(b) Address 717 West 16th St. K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove, Mo.
18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place K.C. Mo.
19. (a) 9-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28th year 1948 hour 7:15 AM minute 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.

Immediate cause of death Shock — Duration
Due to Fracture Both Legs
Due to Hemoperitoneum
Due to Auto Trauma
Other conditions (Include pregnancy within 3 months of death) Confirmed by Deputy Coroner
Major findings:
Of operations
Of autopsy See 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) Accident
(b) Date of occurrence 9/28/48
(c) Where did injury occur? Kansas City (City or town) Jackson County (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? No (c) Means of injury Trauma
23. Signature A. E. Upsher (M. D. or other)
Address 2800 Main Date 9/29/48

(Licensed Embalmer's Statement on Reverse Side)

NOV 19 1948

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 Blaine E. Weiler

Licensed Embalmer No. 4075

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.