WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 27 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19548

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 2506

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Rose Siebenaler

(a) Residence, No. Emporia Kansas St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Siebenaler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 30 1884

7. AGE: 55 YEARS ~~54~~ MONTHS 8 DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hsw
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Luxembourg Germany

FATHER

13. NAME: Mathew Haag
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " Luxembourg Germany

MOTHER

15. MAIDEN NAME: Eva Didier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " Luxembourg Ger

17. INFORMANT (ADDRESS): ~~St. Joseph Hospital~~ J B Siebenaler K.C.Mo. Olpe Kan

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Joseph Olpe Kan DATE 5-23-36 19

19. UNDERTAKER (ADDRESS): Mellody-McGilley Kansas City, Mo.

20. FILED May 19 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-13, 1936, to ....., 19....
I last saw her alive on 5/18, 1936 Death is said to have occurred on the date stated above, at 11-40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
4 Broncho Pneumonia	

Other contributory causes of importance: Carcinoma of the Stomach

Name of operation Resection " Date of 5-14-36
What test confirmed diagnosis? Pathology Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J G Montgomery M.D.
(Address) 1532 Professional Bldg.