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.

1 X14028

OCT 8 DEC 14 1938

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

38268
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 399
(b) Township Kaw. | Primary Registration District No. 1002 Registered No. 4502
(c) City Kansas City (d) Street No. 3811 E. 19th St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 141 Elizabeth W. Sibley
(a) Residence, No. 3811 E. 19th St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John V. Sibley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14-1873
7. AGE YEARS 65 MONTHS 1 DAYS ~~3~~ 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Home.
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) Nashville Tenn

FATHER
13. NAME Adam Woolf.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Ruth Driver
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn

17. INFORMANT (ADDRESS) Wm P. Woolf 1257 Huntington
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Nov. 19 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Eylar Funeral Home K. C. Mo.
20. FILED Nov 18 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17 1938, to Nov. 18 1938
I last saw her alive on Nov. 18 1938 Death is said to have occurred on the date stated above, at 12 03 m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorage 7 hr. Date of onset Nov. 17-38
82 d
Other contributory causes of importance: Arterial Sclerosis
Name of operation none Date of —
What test confirmed diagnosis? Unical Was there an autopsy?

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? — (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? no
If so, specify —
(Signed) J Henry George M. D.
(Address) 2614 Cleveland Mo.

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.....

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, above space should be left blank.