

MAR 14 1941
Registration District No. _____

Primary Registration District No. _____

Registrar's No. 635

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:
K.C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos. & 5 days
Since about 1938 (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Peter Siebenaler

3. (b) If veteran, name war - (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Wid.

6. (b) Name of husband or wife Frances Clara Siebenaler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 8, 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Nicholas Siebenaler

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond J. Siebenaler

(b) Address 7151 Wyandotte

17. (a) Burial (b) Date thereof 2/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director R. V. Lindsey & Son

(b) Address 3811 Broadway

19. (a) 2-12-41 (b) M.M. Crowe
(Date received local registrar) (Registrar's signature)

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. 7151 Wyandotte
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11th
year 1941 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from 12-6-40, 19____, to 2-11-41, 19____,
that I last saw him alive on 2-11-41
and that death occurred on the date and hour stated above.

Immediate cause of death dilatation of heart

Due to Bilateral lobar pneumonia

Due to Carcinoma of larynx

Other conditions 490
(Include pregnancy within 3 months of death)

Major findings: See above
Of operations _____

Of autopsy See above

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? _____ (Means of injury) _____

23. Signature Dr. R. J. Thom (M. D. or other) _____

Address Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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. *3738*

P. O. Address..... *P.O. 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.**