

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Treated as outpatient by physicians from K.C. General Hospital  
(d) Length of stay: In hospital or institution 907 E 13th  
In this community 3 Weeks

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(d) Street No. 907 East 13th St. 8  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Robert Lee Sylvester  
3. (b) If veteran, name war No  
3. (c) Social Security No No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 18th  
year 1941 hour minute M.

4. Sex Male (1) 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed 2  
6. (b) Name of husband or wife Clara Sylvester  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased April 28 1867

21. I hereby certify that I attended the deceased from indefinite duration  
19 to date of death 19  
that I last saw him alive on May 16th 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
74 \*2 20 29 hr. min.

Immediate cause of death  
Acute coronary occlusion  
Due to Coronary sclerosis; Myocardial fibrosis  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

9. Birthplace Carrollton Missouri  
10. Usual occupation Cabinet Maker

Major findings:  
Of operations  
Of autopsy  
See above  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business  
12. Name John I. Sylvester  
13. Birthplace Delfire Indiana  
14. Maiden name Maria Elizabeth Druen  
15. Birthplace Indiana

16. (a) Informant O. E. Sylvester  
(b) Address 907 East 13th

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof May 20, 1941  
(c) Place: burial or cremation Carrollton, Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster  
(b) Address 918 Brooklyn, K. C. Mo.  
19. (a) May 19 1941 (b) M. M. Brown

23. Signature Orley R. Thom (M. D. or other)  
Address Med. Dir. K.C. Gen. Hospital Date signed

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

18  
3  
8

10

**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 *Me*

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*J. Eben Shippard*

Licensed Embalmer No. *4179*

P. O. Address *K.C. Mo.*

**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.**