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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20903

State File No. 2433

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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:
7421 Washington Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 21 Years
years, months or days)

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. 7421 Washington Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -----

3. (a) PRINT FULL NAME Mrs. Stella M. Sickels

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. John W. Sickels

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased March (Month) 28 (Day) 1854 (Year)

8. AGE:

Years	Months	Days	If less than one day
87	2	27	hr. min.

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

10. Usual occupation At Home

11. Industry or business -----

FATHER
12. Name David F. Sheldon
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Adelade Crandall
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Alice S Harvey
(b) Address 7421 Washington

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 26, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Grand Ledge, Michigan

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 6/26/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th
year 1941 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....;
that I last saw ..... alive on ..... 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Fracture of the Leg

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 June 9th, 1941
(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home (Specify type of place)
While at work? No (e) Means of injury Nurse injure in Putting to Bed

23. Signature Russell Wilson (M. D. or other) Fall
Address Kansas City, Missouri Date signed 6/26/1941

(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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC Mo.

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

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