o. 2
4-41
7-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33804

Primary Registration District No. 1002

Registrar's No. 3736

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: 917 1/2 East 15th (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 20 years

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.: 917 1/2 East 15th (If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No) If yes, name country: 0

3. (a) PRINT FULL NAME: MILDRED CUDNEY SYBERT

3. (b) If veteran, name war: ____

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, or divorced: Widow

6. (b) Name of husband or wife: William Sybert

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

7. Birth date of deceased: July (Month) 8 (Day) 1894 (Year)

8. AGE: Years 47 | Months 2 | Days 22 | If less than one day: ____ hr. ____ min.

9. Birthplace: Jackson (City, town, or county) Michigan (State or foreign country)

10. Usual occupation: Waitress

11. Industry or business: ____

FATHER
12. Name: William Cudney
13. Birthplace: ____ (City, town, or county) U.S. (State or foreign country)

MOTHER
14. Maiden name: Anna Main
15. Birthplace: ____ (City, town, or county) U.S. (State or foreign country)

16. (a) Informant: Francis C. Swift
(b) Address: 1221 Washington K.C. MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-6-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn Cemetery

18. (a) Signature of funeral director: J. F. DONNELL CO
(b) Address: 3256 Broadway Kansas City, Mo

19. (a) 10/6/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ____ day 9-30-41 year ____ hour ____ minute 3:00 P.M.

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

Immediate cause of death: Hemothorax (left)

Due to: Perforation of the aorta

Due to: Stab wound of left chest

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: ____

Of autopsy: yes

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): Homicide
(b) Date of occurrence: 9-30-41
(c) Where did injury occur? K.C. (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: Arthur M. Weber (M. D. or other)
Address: K.C. Mo. Date signed: ____

(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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. Mo.

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

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