

3. No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40941

State File No.

ED JAN 24 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4619

48
23
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 515 W 34th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 1/2 (Specify whether years, months or days)

In this community 23 1/2 years, months or days

3. (a) PRINT FULL NAME ANN Seibert

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race White

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

6. (b) Name of husband or wife Berkey Ross Seibert

6. (c) Age of husband or wife if alive 9 years (Day) (Year)

7. Birth date of deceased May 9 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>7</u>	<u>2</u> hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Patrick Rainey

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridgid Kane

15. Birthplace America?
(City, town, or county) (State or foreign country)

16. (a) Informant Francis Seibert

(b) Address 515 W 34th

17. (a) Interment (b) Date thereof 12-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary, O. City

18. (a) Signature of funeral director J. E. & F. M. Co

(b) Address St. Joseph

19. (a) Dec 12 1941 (b) M. M. Cronin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁰⁴⁸

(c) City or town Kansas City ³
(If outside city or town limits, write "RURAL")

(d) Street No. 515 W 34th
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11
year 1941 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 28 1941 to Dec 11 1941; that I last saw her alive on Dec 9 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration

Due to Cachexia from carcinoma of colon

Due to

Other conditions 462
(Include pregnancy within 3 months of death)

Major findings: Ca recto-sigmoid junction
July 28 - 41
Of autopsy Ca colon - hydronephrosis
hypostatic pneumonia

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)

(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?

While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward A. Samuelson (M. D. or other) 0
Address St. Joseph's Hospital Date signed Dec 11 - 41

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

John J. Bourroy

Registered Apprentice No. *307*

working under my personal supervision.

Signed

Charles M. Zurek

Licensed Embalmer No. *3634*

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, fact should be so stated above.