. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26498

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 3292

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: Wesley Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether

In this community 54 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 8

(d) Street No. 3641 Tracy Avenue (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mrs. Jennie Sivewright

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mr. Henry W. Sivewright

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec. 31 (Month) 1863 (Day) (Year)

8. AGE: Years 78 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace Sweden 4 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Gustavson
13. Birthplace Sweden 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Henry W. Sivewright

(b) Address 3641 Tracy Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-42 (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park Cem.

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 9-4-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature) 3/1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2nd year 1942 hour minute P. M.

21. I hereby certify that I attended the deceased from 8-28- 1942, to 9-2- 1942 that I last saw her alive on 9-2- 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Intest Obstruction	10 da.
Due to: Femoral Hernia	2 yrs
Due to: 122	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Small loop of intestine incarcerated in Internal Ring

Of autopsy

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? (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? (e) Means of injury 0

23. Signature L. G. Potter (M. D. or other)

Address 724 Prof. KC Mo. Date signed 9-4-42

(Licensed Embalmer's Statement on Reverse Side)

Professional Bldg.

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 J. Virgil Herrick

Licensed Embalmer No. 3599

P. O. Address Kansas City 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.