

FILED DEC 18 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4506

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: 4100 Oak St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
In this community 40 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Laura Anna Sick

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 John F. Sick

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

7. Birth date of deceased November 20 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 0 12 hr. min.

9. Birthplace Independence Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name John Sauerbier

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

{ 14. Maiden name Henrietta Gartner Kroschfeld

{ 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wells Blodgett Williams

(b) Address 4100 Oak St.

17. (a) Burial (b) Date thereof 12-5-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 12-4-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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. 4100 Oak St.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2<sup>nd</sup> year 1942 hour 6<sup>PM</sup> minute 15 P.M.

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

Immediate cause of death Chronic Myocarditis

Due to Arteriosclerosis

Due to 435

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

Major findings: X  
Of operations X

Autopsies X

Duration

3 year

?

1

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)..... X

(b) Date of occurrence X

(c) Where did injury occur? X  
(City or town) (County) (State)

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

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

23. Signature Sydney J. Johnson (M. D. or other) 2 P.O.  
Address..... Date signed.....

