7. S. No. 2
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ev. 5-17-39
I X32871

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB MAR 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5484

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1078

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: 2817 Belleview /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community 53 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48 3
(c) City or town Kansas City F
(If outside city or town limits, write "RURAL")
(d) Street No. 2817 Belleview
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Theresa Seibold
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fe
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Seibold
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased April (Month) 3 (Day) 1873 (Year)

8. AGE: Years 69 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Bavaria (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name Joseph Zillner
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name No Record
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant John Seibold
(b) Address 2817 Belleview
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Mary's
18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.
19. (a) 3-2-43 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 1st year 1943 hour 12: minutes 30 A.M.
21. I hereby certify that I attended the deceased from Sept 3 1942 to March 1 1943 that I last saw her alive on 2/28 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Cecum	1 yr
Due to Diabetes	10 yrs
Due to 46E	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma of Cecum	
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
23. Signature P. J. O'Connell (M. D. or other) MD
Address 207 Upton Bldg. Date signed 3/2-43
K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

Upton
NE 3564

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 Cecil R. Matthes

Licensed Embalmer No. 3807

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.