

FILED SEP 7 1949

Primary Registration District No. 1002

Registrar's No. 3400

1. PLACE OF DEATH: Jackson
 (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: at home 3741 Garfield
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Entire Life (Specify whether years, months or days)

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. 3741 Garfield (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MILDRED MABEL SEIBERT
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 18
 year 1944 hour 12 minute 25 A.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John C. Seibert
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased March 23 1900
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-8-43 to 8-17-44
 that I last saw her alive on 8-17-44
 and that death occurred on the date and hour stated above.

8. AGE: Years 44 Months 4 Days 25
 If less than one day hr. min.

Immediate cause of death Carcinoma of Spine
 Duration _____

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

Due to General Metastasis
 Due to _____

10. Usual occupation Housewife

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

11. Industry or business _____

Major findings: Of operations 556

MOTHER FATHER
 12. Name E. H. Trebell
 13. Birthplace Belton Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Willa Foster
 15. Birthplace Blue Springs Missouri
 (City, town, or county) (State or foreign country)

Of autopsy _____
 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? _____

16. (a) Informant John C. Seibert
 (b) Address 3741 Garfield Ave

(Specify type of place)
 While at work _____ (e) Means of injury _____
 23. Signature Willa Foster (M. D. or other) _____
 Address 1401 B. Rush Creek Blvd. Date signed 8/18/44

17. (a) Cremation (b) Date thereof Aug 21-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation D. H. Newcomer Bur

18. (a) Signature of funeral director D. H. Newcomer
 (b) Address 1401 B. Rush Creek Blvd.
 19. (a) 8-18-44 (b) N. E. Brown
 (Data received local registrar) (Registrar's signature)

31.1 (Licensed Embalmer's Statement on Reverse Side) N. C. Mc

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

338

Ad. ...
Cyril R. ...
U. S. 335

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 Emile M. Colburn
Licensed Embalmer No. 3506
P. O. Address KC 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.