

FILED SEP 22 1944

State File No.

3559

Registration District No.

Primary Registration District No. 1002

Registrar's No.

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:  
324 Dwykington  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 (Specify whether  
 In this community 55 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City 41  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3011 Mathie  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country U

3. (a) PRINT FULL NAME VICTORRENE SINTOBLY

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife Pauline Sauton 6. (c) Age of husband or wife if alive 10 years

7. Birth date of deceased June 1860  
 (Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name De Valminck

13. Birthplace Belgium 4  
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. H. Tolpman

(b) Address 324 Dwykington

17. (a) Burial (b) Date thereof Sept. 2-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director Kathleen

(b) Address 2657 Underhill

19. (a) 9-1-44 (b) T. E. Brown  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30  
 year 1944 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from Aug 17 1944 to Aug 30 1944  
 that I last saw h. e. r. alive on Aug 29 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death: (Terminal) Bronchopneumonia 2 days  
 Due to Cerebral Thrombosis 2 1/2 wk.

Due to Generalized Arteriosclerosis 1/2 Yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: 83/5  
 Of operations

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?

While at work (Specify type of place) (c) Manner of injury

23. Signature Jesse O. Trimp MD  
 Address 1103 Grand Date signed 9-1-44

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

MOTHER FATHER

**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 F. S. Walton

Licensed Embalmer No. 2744

P. O. Address 3030 Harrison

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.