V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

33270

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4384

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

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:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Da (Specify whether
In this community 4 Da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte 999
(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1516 N. 38 St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME SYLVIA SANDRA LIKOVICH
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 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 21 1935
(Month) (Day) (Year)

8. AGE: Years 9 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Student
11. Industry or business Roosevelt School
FATHER
12. Name William J. Likovich
13. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country)
MOTHER
14. Maiden name Sylvia L. Moreland
15. Birthplace Carthage (City, town, or county) Missouri (State or foreign country)
16. (a) Informant William J. Likovich
(b) Address 1516 N. 38 St. K.C.K.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10/31/44 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park-K.C.K.
18. (a) Signature of funeral director Geo H. Long
(b) Address Kansas City Kansas
19. (a) 10-31-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1944 hour 11 minute 25 P.M.
21. I hereby certify that I attended the deceased from Oct 29, 1944, to Oct 30, 1944;
that I last saw her alive on Oct 30, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary embolism	✓
Due to: Probably post operative	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

155.

Major findings:
Of operations Bone cyst of femur
Of autopsy Pulmonary embolus

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 R. E. Forbes (M. D. ~~or other~~)
Address 1400 Professional bldg Date signed 10-31-44

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. H. Kider

Licensed Embalmer No. 3404

P. O. Address K. C. K.

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.