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I · X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40266

FILED DEC 21 1945

Registration District No. 99 Primary Registration District No. 1003 Registrar's No. 5025

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~~: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 12 HOURS (Specify whether years, months or days)
In this community 60 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3641 TRACY AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No) 0
If yes, name country SCOTLAND

3. (a) PRINT FULL NAME MR HENRY W SIVEWRIGHT
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MRS. JENNIE SIVEWRIGHT
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased JULY (Month) 16 (Day) 1867 (Year)

8. AGE: Years 78 Months 4 Days 18 If less than one day ___ hr. ___ min.

9. Birthplace BUNDE (City, town, or county) SCOTLAND (State or foreign country)
10. Usual occupation MASTER PLUMBER
11. Industry or business
FATHER
12. Name WILLIAM SIVEWRIGHT
13. Birthplace SCOTLAND (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARGARET
15. Birthplace SCOTLAND (City, town, or county) (State or foreign country)
16. (a) Informant [illegible]
(b) Address 3641 Tracy
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-8-1945 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEM.
18. (a) Signature of funeral director D. A. Newcomer Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 12-6-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 4TH year 1945 hour 7 minute 34 A.M.
21. I hereby certify that I attended the deceased from Dec. 1, 1945, to Dec. 4, 1945; that I last saw him alive on Dec. 4, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral accident	3 days
Due to Senility	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
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? —
While at work? — (Specify type of place) (e) Means of injury —
23. Signature [illegible] (M. D. or Other)
Address 3808 Prospect Date signed 12-4-45

(Licensed Embalmer's Statement on Reverse Side)

3860 Prospect
3-6

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. Calhoun

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.