

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

1759

FILED JAN 21 1945 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5472

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City

(c) Name of hospital or institution:  
1514 West 56th Street, /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. no.  
In this community since 1903 (Specify whether years, months or days)

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. 1514 West 56th St. 4  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 3  
If yes, name country X

3. (a) PRINT FULL NAME Harry Sight

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th  
year 1945 hour 1945 minute 30 M.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cornelia Sight

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased September 26 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1939 to Dec 30 1945  
that I last saw him alive on Dec 26 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>3</u>	<u>4</u>	.....hr. ....min.

Immediate cause of death Acute Coronary Thrombosis  
Sudden

Due to Prevents attack of death  
Coronary Thrombosis

Due to with myocarditis 1 1/2 years  
ago

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

9. Birthplace New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Motor Car Dealer

Major findings: 938

Of operations .....

Of autopsy .....

PHYSICIAN .....

Underline the cause to which death should be charged statistically.

11. Industry or business X

12. Name Max Sight

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

14. Maiden name Sarah J. Waldman

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

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 Mrs. Cornelia Sight,

(b) Address 1514 W. 56th St., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 1-1-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cem

(Specify type of place)

While at work? .....

(c) Means of injury .....

23. Signature A. Sopher (M. D. or other) Rec 20/48  
Address 1405 Bryant Bldg Date signed .....

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gilham Plaza, K. C., Mo.

19. (a) 12-31-45 (Date received local registrar)

(b) Geraldine Holmes (Registrar's signature)

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

100393

*Bryant  
V. B. B. B.*

Dr. Abraham Sophian

**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

*[Handwritten Signature]*

Licensed Embalmer No. 1415

P. O. Address K. C. 1170

**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.**