

DEPARTMENT OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

20381

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2769

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:  
Research Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day  
(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. 3505 Paseo **8**  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sharon June McKIBBEN

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 none

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

7. Birth date of deceased June 18 1946  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19  
year 1946 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from June 18  
1946 to June 19 1946  
that I last saw her alive on June 18 1946  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>1</u>	hr. _____ min.

Immediate cause of death Pneumonia  
Delirium

Due to \_\_\_\_\_

Due to Placenta Praevia

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name William Robert McKibben

FATHER { 13. Birthplace Cheyenne Wyoming  
(City, town, or county) (State or foreign country)

14. Maiden name Rosemary Ryan

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

Major findings: 1600C

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant William R. McKibben

(b) Address 3505 Paseo, K. C., Mo.

17. (a) Burial (b) Date thereof 6-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address 1800 E. Linwood Blvd.

19. (a) 6-21-46 (b) Geraldine Holme  
(Date received local registrar) (Registrar's signature)

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? no

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Fred Dwyer (M. D. or other) no

Address 1500 E. 15th Date signed 6-21-46

