

S. No. 2
M-543
7-5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27363

FILED SEP 19 1946

State File No. _____
3678
Registrar's No. _____

Registration District No. _____ Primary Registration District No. 1002

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

(d) Length of stay: In hospital or institution. 2 mo. 14 days
(Specify whether years, months or days)

In this community 25 Years
(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. 3425 Holmes 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME MRS. MAUDE SICKMAN

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 Widowed

6. (b) Name of husband or wife Jesse A. Sickman

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

7. Birth date of deceased May 19th 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

| | | | |
|----|---|---|----------|
| 73 | 3 | 7 | hr. min. |
|----|---|---|----------|

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

10. Usual occupation At Home 1

11. Industry or business _____

MOTHER FATHER

12. Name Unknown 9

13. Birthplace Unknown 9
(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. Lillian A. Kepner

(b) Address 3425 Holmes Street

17. (a) Burial (b) Date thereof 8 - 27 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street, Kansas City

19. (a) 8-26-46 (b) Meraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1946 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 21, 1946 to Aug 25, 1946
that I last saw her alive on Aug 25, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

General Peritonitis 6 mo

Due to Carcinoma of uterus 1 yr

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death) 48 hr

Major findings: General carcinomatous PHYSICIAN
Of operations three det abdomen
Of autopsy _____

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? _____ (c) Means of injury _____

23. Signature J. J. [unclear] (M. D. or other) M.D.
Address 9077 [unclear] Date signed 8/26/46

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 Walter H. Erwin
Licensed Embalmer No. 4352
P. O. Address Kansas City, 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.