. S. No. 2
DM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 2 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41994

Registration District No. 177 Primary Registration District No. 1002 Registrar's No. 5313

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: 4619 Jarboe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / (Specify whether years, months or days)
In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 4619 Jarboe 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MRS. BELINDA ZIBRICK
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: Widow
6. (b) Name of husband or wife: Herman
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: unknown (Month) (Day) (Year)
8. AGE: Years 58 Months Days If less than one day hr. min.
9. Birthplace: Syria (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John Republic
13. Birthplace: Syria (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: No record
15. Birthplace: No record (City, town, or county) (State or foreign country)
16. (a) Informant: Edward Zibrick
(b) Address: 4619 Jarboe
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's Cemetery
18. (a) Signature of funeral director: Quirk & Robin
(b) Address: 20 West Linwood
19. (a) 12-17-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th day Dec year 1947 hour 1:30 minute A M.
21. I hereby certify that I attended the deceased from 12/16, 1947, to 12/16, 1947, that I last saw him alive on 12-16, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	30 min.
Due to: Coronary Sclerosis	4 yrs
Due to: General Arteri Sclerosis	10 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 93.8	
Of autopsy:	

PHYSICIAN: Underline the cause of 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: 0
23. Signature: T. J. O'Connell M.D. (M. D. or other)
Address: 327 Argyle Bldg. Date signed: 12/16-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 John J. Conway

Licensed Embalmer No. 4424

P. O. Address 10 W Linwood

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.