

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

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: ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS
In this community 60 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 7937 MICHIGAN AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MABEL SIEGEL
3. (b) If veteran, name war NO
3. (c) Social Security No. NO INE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 15TH
year 1948 hour 10 minute 15 P.M.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. MORRIS SIEGEL
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased DECEMBER 9 1979
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr-11 1948 to Apr-15 1948
that I last saw him alive on Apr-15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Adeno carcinoma
transverse colon + sigmoid
Due to 6 MO.

8. AGE: Years 76 Months 4 Days 6
If less than one day hr. min.

Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

9. Birthplace WHEELING WEST VIRGINIA
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
12. Name GEORGE W. JONES
13. Birthplace UNKNOWN SCOTLAND
(City, town, or county) (State or foreign country)
14. Maiden name MAY HUPP
15. Birthplace UNKNOWN IOWA
(City, town, or county) (State or foreign country)

Major findings: 4/10
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant MR. MORRIS SIEGEL
(b) Address 7937 MICHIGAN AVENUE
17. (a) BURIAL (b) Date thereof APRIL-17-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEMETERY
18. (a) Signature of funeral director ON Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 4-17-48 (b) Alfredine Holmes
(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?
While at work? (Specify type of place) (e) Medical injury
23. Signature John O. Shannon (M. D. or other) MD.
Address 1402 Bryan Blvd Date signed 4-16-48

1462 Dwyant Bldg.
1-6

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 Robert Ray
Licensed Embalmer No. 4182
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.