S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 12 1948
Registration District No. 949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16513
Registrar's No. 2299

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~~ 3½ WEEKS (Specify whether
In this community 30 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. 3804 WYOMING STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

48
3
8
0

3. (a) PRINT FULL NAME MR. WARREN L. SICKELS
3. (b) If veteran, name war No
3. (c) Social Security No. 493-26-2301
4. Sex MALE
5. Color or race WHITE
6. (a) ~~Single, widowed,~~ married, ~~divorced~~ MARRIED
6. (b) Name of ~~husband or~~ wife MRS. IDA P. SICKELS
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased MARCH (Month) 11 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
60	2	18	hr. min.

9. Birthplace REDINGTON (City, town, or county) NEBRASKA (State or foreign country)
10. Usual occupation SUPERINTENDENT
11. Industry or business ASSESSORIES MANUFACTURING CO
FATHER
12. Name GEORGE SICKELS
13. Birthplace HOBOKEN (City, town, or county) NEW JERSEY (State or foreign country)
MOTHER
14. Maiden name EVELYN DRAKE
15. Birthplace UNKNOWN (City, town, or county) NEW JERSEY (State or foreign country)
16. (a) Informant Mrs Ida Sickels
(b) Address 3804 Wyoming Avenue
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE-1-1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MT. WASHINGTON CEMETARY
18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 6-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29TH year 1948 hour minute A.M.
21. I hereby certify that I attended the deceased from Pathologist, 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute cardiac dilatation.	
Due to myocardial infarction	
Due to Coronary atherosclerosis + occlusion	
Other conditions cardiac hypertrophy (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy above.

PHYSICIAN
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? (e) Means of injury
23. Signature Jule H Hill (M. D. or other) MD
Address Trinity Lutheran Hospital Date signed 29 May 48

(Licensed Embalmer's Statement on Reverse Side)

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 Jess T. Rees

Licensed Embalmer No. 4455-3

P. O. Address Kansas City

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.