

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JUN 26 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19665  
State File No.  
2572  
Registrar's No.

Registration District No. 149

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:  
1310 East 9th. Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 Year (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. 1310 East 9th. Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Walter S. Sibley  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 18th.  
year 1948 hour 10 minute A. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Annie M. Sibley  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased 4 10 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5:30 p.m. 1948, to June 18 1948.  
that I last saw him alive on June 17 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
71 2 8 hr. min.

Immediate cause of death Myocardial infarction  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions Coronary Sclerosis  
(Include pregnancy within 3 months of death)  
Major findings: Of operations no  
Of autopsy no

10. Usual occupation Brick Layer  
11. Industry or business Retired

MOTHER FATHER  
12. Name Albert Howard Sibley  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma A. Roberts  
15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mr. Albert W. Sibley  
(b) Address Edwardsville, Kansas  
17. (a) Burial (b) Date thereof 6-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland Park K.C.Ks.

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (Mr. D. or other)  
Address 108 [Address] Date signed \_\_\_\_\_

18. (a) Signature of funeral director Mrs. C.L. Forster  
(b) Address Kansas City Mo.  
19. (a) 6-19-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

BR2120

Dr. G.P. Jones  
1108 Troost

Dec. 21 20

10 H. M.

DEC 27 1918

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**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 Jenny A. Minor  
Licensed Embalmer No. 4496  
P. O. Address 918 Brooklyn, N.C. M

**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.**