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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 6 1948

Registration District No. 249

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 33102
Registrar's No. 4319

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: ICTB HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos - 9 days
In this community 32 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 4X
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 912 LOCUST
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

SIRE, CECIL FRANCIS
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex M race W
5. Color or race W divorced W 2
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SPT. 9 1898
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 21
If less than one day hr. min.

9. Birthplace EXCELSOR SPRING MISSOURIA
(City, town, or county) (State or foreign country)

10. Usual occupation TILE SETTER

11. Industry or business

MOTHER FATHER
12. Name SIRE, GEORGE
13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name BOOTH, ELIZABETH
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant ICTB HOSPITAL
(b) Address LEEDS, MISSOURI

17. (a) Burial (b) Date thereof Oct 25 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood cemetery

18. (a) Signature of funeral director Parentine Paves
(b) Address K C MO

19. (a) 10-23-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 23rd
year 1948 hour 1:15 AM minute 4M.
21. I hereby certify that I attended the deceased from 6-21-48
1948, to 10-23, 1948

that I last saw h alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY TUBERCULOSIS
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12/11
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) (e) Means of injury _____

While at work? _____
23. Signature G. K. Landis
G. K. Landis (M. D. or other)
Date signed K. C. Paves

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 *F. S. Walton*

Licensed Embalmer No. *2744*

P. O. Address. *Kc, 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.