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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33534

FILED OCT 19 1955

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4218

1. PLACE OF DEATH
a. COUNTY Jackson 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY Jackson

b. CITY OR TOWN Kansas City c. LENGTH OF STAY (in this place) 4 yrs c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Frederick Hotel 3125 92 STREET ADDRESS Frederick Hotel 3125 92 (If rural, give location)

3. NAME OF DECEASED a. (First) RAY b. (Middle) W. SIDESINGER c. (Last) W. SIDESINGER 4. DATE OF DEATH (Month) (Day) (Year) 9-28-55

5. SEX Male c. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 8. DATE OF BIRTH 3-27-1898 9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life (and retired)) Interline Clerk 10b. KIND OF BUSINESS OR INDUSTRY Kansas City Motor Garage 11. BIRTHPLACE (City and State or Foreign Country) Detroit Mich 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown 16. SOCIAL SECURITY NO. 281-01-2514 17. INFORMANT'S SIGNATURE OR NAME Bessie D. W. Eloy ADDRESS Sub. Adm.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cornie B. Death unknown INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7955

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION no first permit 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMEKIDNAP (Specify) natural 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) 23b. ADDRESS 1034 Kessler Blvd 23c. DATE SIGNED 9-30-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9-31-55 24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem 24d. LOCATION (City, town, or county) (State) KCMo

DATE REC'D BY LOCAL REG. 9-30-55 REGISTRAR'S SIGNATURE. neva munsell FUNERAL DIRECTOR'S SIGNATURE Debra K. Kogelina ADDRESS KCMo

(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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Peter B. Lettner*

Licensed Embalmer No. *421*

P. O. Address *KLM*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above..