

No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37840**
Registrar's No. **4338**

Registration District No. **399**

Primary Registration District No. **1002**

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: **K.C. General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 days**
(Specify whether **12 Yrs.**)
In this community **12 Yrs.**
years, months or days)

FILED DEC 11 1940

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. **3016 Holmes**
(If rural, give location).
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **18th**
year **1940** hour **10** minute **55** A. M.
21. I hereby certify that I attended the deceased from **11-1-40**, 19____, to **11-18-40**, 19____;
that I last saw her alive on **11-18-40**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Appendicitis acute with rupture and acute generalized peritonitis and multiple abscesses of abdominal cavity.**

Duration

PHYSICIAN

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **See above**

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? _____

While at work (Specify type of place) (e) Means of injury _____

23. Signature **Amey R. Howard** (M. D. or other) _____
Address **Med. Dir. K.C. Gen. Hosp.** Date signed _____

3. (a) PRINT FULL NAME **Leota Sabado**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **WISOMBA**

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec. 22nd 1899**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 10 28 hr. min.

9. Birthplace **Oklahoma**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

12. Name **Riley M. Miller**
13. Birthplace **Penn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Hanniet Swartz**
15. Birthplace **Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**
(b) Address **K.C. Gen. Hospital, K.C. Mo.**

17. (a) **Removal** (b) Date thereof **11-21-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fort Worth, Texas**

18. (a) Signature of funeral director **Weilert Funeral Home**
(b) Address **2332 Monitor Place, K.C. Mo.**

19. (a) **11-21-40** (b) **M. M. Cronin**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Blaine E. Weiland

Licensed Embalmer No.

4075

P. O. Address

2332 Monroe Place

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, above space should be left blank.