

BUREAU OF THE CENSUS
FILED NOV 9 1942

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4005

1. PLACE OF DEATH:

(a) County Jackson Mo
(b) City or town Kansas City
(c) Name of hospital or institution: 4002 E 15th st. / Church
(d) Length of stay: In hospital or institution 19 Years
In this community 19 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City Mo
(d) Street No. 1519 Spruce
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Robert Siebert

3. (b) If veteran, name war no 3. (c) Social Security No. 486-03-4552

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edith Siebert 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 7 1888

8. AGE: Years 54 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Iowa

10. Usual occupation Davis Paint Co

11. Industry or business

12. Name Peter Siebert
13. Birthplace Unknown
14. Maiden name Nettie Parks
15. Birthplace Unknown

16. (a) Informant Mrs Edith Siebert
(b) Address 1519 Spruce

17. (a) Floral Hills (b) Date thereof Oct 30 1942
(c) Place: burial or cremation Floral Hill

18. (a) Signature of funeral director Rose & Henderson
(b) Address K C Mo

19. (a) 10-29-42 (b) M. M. Crowe

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 1942
year 8 hour 8:55 minute M.

21. I hereby certify that I attended the deceased from Crowe to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease
Duration 43 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy Regulation + history from Kansas City and Mo.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature [Signature] (M. M. Crowe)
Address [Address] Date signed [Date]

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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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..... *O. E. Henderson*

Licensed Embalmer No. *3657*

P. O. Address *176 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.