

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

FILED MAY 15 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1825

1. PLACE OF DEATH: Jackson
 (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. Gen. Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 802 Tracy Avenue
(If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country Mexico

3. (a) PRINT FULL NAME: Mrs. Sharon Barbara Ciston
 3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 16th
 year 1943 hour 11 minute 32 A.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mr. John Ciston
 6. (c) Age of husband or wife if alive 34 years
 7. Birth date of deceased September 6 1909
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-6-43 to 4-16-43
 that I last saw her alive on 4-16-43
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
33 7 10 hr. _____ min.

Immediate cause of death Lobar pneumonia
 Duration _____

9. Birthplace Juarez Mexico 3
(City, town, or county) (State or foreign country)

Due to 108
 Due to _____

10. Usual occupation Housewife

Other conditions 108
(Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Unknown
 13. Birthplace Mexico 3
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Mexico 3
(City, town, or county) (State or foreign country)

Major findings: PHYSICIAN
 Of operations _____
 Of autopsy See above
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. John Ciston
 (b) Address 802 Tracy Avenue

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? _____

17. (a) Burial (b) Date thereof April 17, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial of cremation Green Lawn Cemetery

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

18. (a) Signature of funeral director D. H. Wisconsin
 (b) Address 1401 Brush Creek Blvd
 19. (a) 4-17-43 (b) D. H. Wisconsin
(Date received local registrar) (Registrar's signature)

23. Signature Lucy R. Brown (M. D. or other) _____
 Address Med. Dir. K.C. Gen. Hospital Date signed _____

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..... *Annita M. Calhoun*.....
Licensed Embalmer No..... *3506*.....
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.