

FILED JUL 19 1943
Registration District No. **261**

Primary Registration District No. **1002**

Registrar's No. **3002**

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

1. PLACE OF DEATH:
Jackson
 (a) County **Kansas City Mo**
 (b) City or town **Kansas City Mo**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Neece Convalescent Home 1/2641 Forest
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **13 Mos**
(Specify whether)
 In this community **35 Years**
years, months or days

3. (a) PRINT FULL NAME Rachel O. Sydenstricker
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex fe
5. Color or race wh
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive 1870 years
7. Birth date of deceased June 6 1870
(Month) (Day) (Year)

8. AGE:
 Years **73** Months **0** Days **29**
 If less than one day **hr. min.**

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

10. Usual occupation Housewife

11. Industry or business

12. Name Oliver C. Huff
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Rennie White
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Cecil W. Sydenstricker
(b) Address 311 East 43rd st

17. (a) Burial **(b) Date thereof 7 6 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood Blvd

19. (a) 7-6-43 **(b) Sept E Brown**
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
48
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City Mo**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5601 Woodland**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **m no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
 year **1943** hour **6** minute **30 AM**

21. I hereby certify that I attended the deceased from Sept 1942 to July 5 1943
 that I last saw her alive on **July 1st 1943**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Carcinoma**
 Duration **1 yr**

Due to **Carcinoma of Ovary** **2 yr**

Due to **490**

Other conditions **490**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations **none**
 Of autopsy **none**

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? (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) (a) Means of injury (b)

23. Signature Harry H Jones (M. D. or other)
 Address **Kansas City Mo** Date signed **7/5/43**

3919 Forest
PO 1578

Handwritten name

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.