

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED NOV 26 1945

Registration District No. _____ Primary Registration District No. **1002** _____

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **J.C.**

(c) Name of hospital or institution: **Research Hosp. 0**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **6 weeks**.
(Specify whether years, months or days) **17 yrs.**

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**

(c) City or town **Kansas City**
(If outside city or town limits write "RURAL")

(d) Street No. **3070** **Garfield**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Anna Sabier**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **Female** **5. Color or race** **W**

6. (a) Single, widowed, married, divorced **M**

6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **unknown**
(Month) (Day) (Year)

8. AGE: Years **53** Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **Sam Szyonich**

13. Birthplace **Poland**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **Poland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis Sabier**

(b) Address **Detroit Mich.**

17. (a) Burial, cremation, or removal **burial** (b) Date thereof **11-9-45**
(Month) (Day) (Year)

(c) Place: burial or cremation **Sherfield Cemetery**

18. (a) Signature of funeral director **N. T. Tugman**

(b) Address **K.C. Mo.**

19. (a) 11-9-45 (b) **Therese Holme**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **8** year **1945** hour **10** minutes **30** A.M.

21. I hereby certify that I attended the deceased from **July** _____, 19____, to **Nov 4** _____, 19____.

that I last saw h. **alive** on **11-5**, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Peritonitis - carcinoma rector

Due to **scars**

Peritonitis fibrous

Due to **Ca. Rector**

Other conditions **46 d**
(Include pregnancy within 3 months of death)

Major findings: **Ca Rector**

Of operations **Involunt. liver**

Of autopsy _____

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)

23. Signature **R. C. Tugman** (M. D. or other)

Address **K.C. Mo.** Date signed **11/9/45**

JUL 1. 1947

JAN 25 1946

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No.

P. O. Address

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.