

State File No.

Registrar's No.

FILED JAN 21 1945
149

Registration District No.

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:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 50 years (Specify whether
years, months or days)

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. 5335 Cherry,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Dr. Richard M. Seibel,

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

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

6. (b) Name of husband or wife Mrs. Lida Seibel 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased October 4 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 21 hr. min.

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

10. Usual occupation Retired

11. Industry or business Dentist

12. Name Ed. M. Seibel

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

14. Maiden name Killner

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

16. (a) Informant Stanley Seibel,

(b) Address 621 W. Dartmouth Rd., K.C., Mo.

17. (a) burial (b) Date thereof 12-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-28-45 (b) Seraldine Adams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th,
year 1945 hour minute P. M.

21. I hereby certify that I attended the deceased from 3 Am
12/25/45 to 12/25/45
that I last saw him arrive on 12/25/45
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion with infarction
Due to Coronary artery disease
Due to Smoking

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

Duration
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) (b) Means of injury

23. Signature Edward H. Adams (M. D. or other)
Address 1234 Main St., Kansas City, Mo. Days signed 12/25/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
1007887

Dr. Heller

Prof Heller,

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.....

E. M. Plank

Licensed Embalmer No. *1848*

P. O. Address *T.C. 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.