

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. **20513**
Registrar's No. **2870**

FILED JUL 10 1946
149

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

1. PLACE OF DEATH:
(a) County **JACKSON**
(b) City or town **KANSAS CITY**
(c) Name of hospital or institution: **RESEARCH HOSPITAL**
(d) Length of stay: In hospital or institution **10 DAYS**
In this community **15 YEARS**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **JACKSON 48**
(c) City or town **TC # 3 KANSAS CITY MO**
(d) Street No. **TC # 3 9101 E. 67th ST**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **FRANK J. SIDNEY**
3. (b) If veteran, name war **SPANISH AMERICAN**
3. (c) Social Security No. **495-09-1639**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MARIE SIDNEY**
6. (c) Age of husband or wife if alive **44** years
7. Birth date of deceased **APRIL 6 1883**

8. AGE: Years **63** Months **2** Days **21**
If less than one day hr. min.

9. Birthplace **COHASSET MASS 1**

10. Usual occupation **MAINTENANCE MAN**
11. Industry or business **CROWN DRUG CO.**

MOTHER FATHER

12. Name **ANTOINE J. SIDNEY 3**
13. Birthplace **WESTERN ISLES PORTUGAL**
14. Maiden name **JOSEPHINE FATES 3**
15. Birthplace **WESTERN ISLES PORTUGAL**

16. (a) Informant **Mrs Marie Sidney**
(b) Address **2823 KANSAS CITY, MO.**

17. (a) **BURIAL** (b) Date thereof **JUNE 29 1946**
(c) Place: burial or cremation **Funeral Home**

18. (a) Signature of funeral director **D. H. Newcomer**
(b) Address **1441 E. 67th Creek Blvd**
19. (a) **6-28-46** (b) **Geraldine Holmes**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **27th** year **1946** hour **6** minute **15P** M.
21. I hereby certify that I attended the deceased from **June 17, 1946** to **June 27, 1946**
that I last saw him alive on **June 17, 1946** and that death occurred on the date and hour stated above.

Immediate cause of death: **Bronchial pneumonia** Duration **3 days**
Due to: **Carcinoma of stomach, post-operative** Months

Other conditions: **466**
? (include pregnancy within 3 months of death)

Major findings: **Extensive carcinoma of stomach**
Of operations: **same**
PHYSICIAN: **W. W. Greene**
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) _____
(e) Means of injury _____
23. Signature **W. W. Greene** (M. D. or other) **MD**
Address **W-C. ms.** Date signed _____

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

8
3
8

19385

W. H. ...
Prof. Body

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 Carl Rapp
Licensed Embalmer No. 3458
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.