

FILED DEC 15 1947

Primary Registration District No. 1002

Registrar's No. _____

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

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: GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 DAYS
(Specify whether years, months or days)

In this community 5 YRS.

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. 585 FOREST
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EATHER KATHERINE SIDNEY

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 30, year 1947 hour 2: minute 30 P. M.

4. Sex FEMALE 5. Color or race NEGRO

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive, years 4, 1929 (Day) (Year)

21. I hereby certify that I attended the deceased from NOVEMBER 15, 1947 to NOVEMBER 30, 1947; that I last saw h. ER alive on NOVEMBER 30, 1947; and that death occurred on the date and hour stated above.

7. Birth date of deceased SEPTEMBER 4, 1929 (Month) (Day) (Year)

Immediate cause of death FAR ADVANCED PULMONARY TUBERCULOSIS Duration _____

8. AGE: Years 18 Months 2 Days 26 If less than one day hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace EXCELSIOR SPRINGS MISSOURI (City, town, or county) (State or foreign country)

Other conditions (Includes pregnancy within 3 months of death) 13/1

10. Usual occupation LAUNDRESS

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name CHARLIE SIDNEY

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

14. Maiden name ALICE JACKSON

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

16. (a) Informant ALICE SIDNEY (MOTHER)

(b) Address 585 FOREST

17. (a) Burial (b) Date thereof 12/3/47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

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? _____

18. (a) Signature of funeral director Outdine Sign.

(b) Address 1729 Lydia Ave.

While at work _____ (Specify type of place) (Specify type of injury)

19. (a) 12-2-47 (b) Alredine John (Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) M.D.
Address GENERAL HOSPITAL NO. 2 Date signed 12/1/47

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 J. J. Manlove
Licensed Embalmer No. 3994
P. O. Address 2503 Highland

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.