

No. 300
M-10-47
5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26633**
Registrar's No. **3318**

FILED SEP 4 1948
Registration District No. **149**

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 **KANSAS CITY**
(c) Name of hospital or institution: **French Institute of Notre Dame De Sion**
(d) Length of stay: **36 Years**
In this community **36 years**

3: (a) PRINT FULL NAME **Sister Marie Fidele de Sion (Emma Theberge)**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased **May 4th 1876**

8. AGE: Years **72** Months **3** Days **10** If less than one day hr. min.

9. Birthplace **1st Islet, Canada**

10. Usual occupation **Catholic sister**
11. Industry or business **French School**

MOTHER FATHER
12. Name **Alexis Theberge**
13. Birthplace **Unknown Canada**
14. Maiden name **Esther Couillard - Despres**
15. Birthplace **Unknown Canada**

16. (a) Informant **School Records**
(b) Address **3823 Locust, K. C. Mo.**
17. (a) **Burial** (b) Date thereof **8-16-48**

(c) Place: burial or cremation **St. Marys Cemetery**
18. (a) Signature of funeral director **Melody McGilley Eylar**
(b) Address **19 00 Linwood K.C. Mo.**
19. (a) **8-15-48** (b) **Seraldine Holmes**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson 48**
(c) City or town **Kansas City 3**
(d) Street No. **3823 Locust Street 8**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **14 th**
year **1948** hour **7:20** minute **A.M.**
21. I hereby certify that I attended the deceased from **2-8-47**, 19, to **8-14-48**, 19;
that I last saw her alive on **8-14-48**, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic heart disease** Duration **?**

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) **932**

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

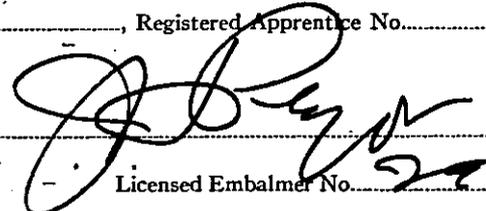
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? Means of injury
Signature **Graboy Owens** (M. D. or other)
Address **906 Grand K.C. Mo.** Date signed **8-14-48**

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.....

Body was not embalmed......, Registered Apprentice No.....
working under my personal supervision.

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.