

DEC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28017
Do not use this space.**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399
 (b) Township Blue Primary Registration District No. 1002 Registered No. 7328
 (c) City Kansas City Mo (d) Street No. R. L. B. Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Carmana Belen - Carmona 685 Carmona
 (a) Residence, No. 1009 W. 28th St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 - 21

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
17 7 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Bertala Carmona 3

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico 3

MOTHER 15. MAIDEN NAME Sarah Solano -

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

17. INFORMANT (ADDRESS) Kansas City Municipal Tuberculosis Hospital

18. BURIAL, CREMATION, OR REMOVAL Maple Hill DATE 8-23, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Katherlin H. G. Grio

20. FILED Aug 23, 1938 Dr. M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1937, to August 20, 1938

I last saw her alive on August 20, 1938. Death is said to have occurred on the date stated above, at 11:35 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease of injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Donald S. Polsted M. D.

(Address) Kansas City Tuberculosis Hospital

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.....

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, above space should be left blank.