

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECD NOV 21 1938

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

84685
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 4021
(c) City Kansas City, Mo. (d) Street No. 2309 Summit K.C., Mo., 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 Agincion Sanchis Florez
(a) Residence, No. 2309 Summit 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Florez

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 6 1897

7. AGE YEARS 61 MONTHS 7 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Mexico 3

FATHER 13. NAME Lawrence Sanchis 3
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico 3

MOTHER 15. MAIDEN NAME Mary Sherman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

17. INFORMANT (ADDRESS) Mr. Cruz Florez
2309 Summit

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE Oct 15 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Funeral Home
2332 Monitor Place

20. FILED Oct 15 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1938, to Oct 14 1938. I last saw her alive on Oct 14 1938. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia ?
Date of onset
108

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19.....
Where did injury occur? X (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 or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. M. Brown M. D.
(Address) 2045 Broadway

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.