

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

1258
 Do not use this space.

REC'D FEB 20 1939

1. PLACE OF DEATH

(a) County Tack S. Co. Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1007 Registered No. 271
 (c) City K.C. Mo. (d) Street No. Children's Mercy 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 Margaret Corona (CORONA)

(a) Residence, No. Cement City, Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 23, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from January 23, 1939, to January 23, 1939
 I last saw her alive on January 23, 1939. Death is said to have occurred on the date stated above, at 8:50 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 17 - 1938

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>3</u>	<u>6</u>	

Other contributory causes of importance:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 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) Independence (STATE OR COUNTRY) Missouri

FATHER 13. NAME Henry Corona

FATHER 14. BIRTHPLACE (CITY OR TOWN) No record (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Rosalina Ogeda

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Cement City (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Rafael Ogeda
Courtney, Mo.

18. BURIAL, CREMATION, OR REMOVAL Courtney, Mo.
 PLACE Courtney Cemetery DATE Jan 25, 1939

19. FUNERAL DIRECTOR (NAME) George T. Carson
 (ADDRESS) Independence, Mo.

20. FILED Jan 23, 1939 M. M. Browe
 Local Registrar.

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? _____ 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 or injury in any way related to occupation of deceased? 1
 If so, specify _____
 (Signed) M. B. Soderberg
 (Address) 5017 W. Grand St.

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

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.