REC'D APR 17 1939

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

9407
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 21 Registration District No. 399
(b) Township Kaw 1 Primary Registration District No. 1002 Registered No. 1013
(c) City Kansas City (d) Street No. 2123 Terrace Street 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 526 Margaruita Munoz
(a) Residence, No. 2123 Terrace Street 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 22, 1888

7. AGE: YEARS 51 | MONTHS | DAYS 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Housewife
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

FATHER
13. NAME: Frank Garcia 3
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mexico 3

MOTHER
15. MAIDEN NAME: Unknown 3
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mexico 3

17. INFORMANT (ADDRESS): Jose Munoz, 2123 Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE 3-7-39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Weilert Funeral Home, 2332 Monitor Place

20. FILED Mar 6, 1939 M. M. Crowes
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-5-39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....
I last saw the deceased on ....., 19.... Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

Deputy Coroner

Coronary sclerosis
Acute & chronic pulmonary edema & congestion

Date of onset

94B

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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? 4
If so, specify
(Signed) [signature], M. D.
(Address) Gen Hosp; K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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.