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.

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

24671
Do not use this space.

1. PLACE OF DEATH DEC 7 AUG 7 1939
(a) County Jackson 3 Registration District No. 399
(b) Township Kaw 2 Primary Registration District No. 1002 Registered No. 2884
(c) City Kansas City (d) Street No. 548 Walnut St 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 240 ENRIQUIE MACIEL
(a) Residence, No. 1037 S. 24th St St. Kansas City Kansas
(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 Male
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 Mercedes Maciel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS 55 MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Santa Fe
9. Industry or business in which work was done, as saw mill, bank, etc. Roundhouse
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 Rafaela Maciel 3
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico 9

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Wife Mrs Mercedes Maciel 1037 S. 24th KCK
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Calvary DATE 7/18-39 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peter D Lapetrieu KC Mo
20. FILED July 17, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-39, 19

22. I HEREBY CERTIFY That I attended deceased from ....., 19.... to ....., 19....
I last saw h.... alive on 30 p, 19.... Death is said to have occurred on the date stated above, at 6 p m.
The principal cause of death and related causes of importance were as follows:

Rupt aorta c̄ Dissect ny Aneurysm

Date of onset

Other contributory causes of importance: 96

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) [signature]

(Licensed Embalmer's Statement on Reverse Side)

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, ...

Harry E. Galley, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Harry E. Galley

Licensed Embalmer No. 4078

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.