

RECD OCT 18 1939

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

311549  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 3647  
 (c) City Kansas City, Mo. (d) Street No. Kansas City General Hosp. 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 Alfonso Medillin

(a) Residence, No. 2021 Belleview 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8, 1939  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
6 8  
 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. Child  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo. (STATE OR COUNTRY) 0

FATHER 13. NAME Trinidad Medillin 3  
 14. BIRTHPLACE (CITY OR TOWN) Mexico 3 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Conception Pico  
 16. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTRY)

17. INFORMANT Mr. Trinidad Medillin (ADDRESS) 2021 Belleview St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Sept. 18 1939

19. FUNERAL DIRECTOR (NAME) Weilert Funeral Home (ADDRESS) 2332 Monitor Pl.

20. FILED Sept 18 1939 M. M. Browe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16-39 . 19

22. I HEREBY CERTIFY That I attended deceased from 10 Deputy Coroner 19... to 3:30 p.m. 19... Death is said to have occurred on the date stated above, at 3:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

States Department of Hygiene  
Public Health Commission  
 Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of 9-16-39  
 What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Autopsy Date of injury 9-16-39  
 Where did injury occur? Autopsy (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Autopsy  
 Nature of injury Autopsy

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Autopsy  
 (Signed) Dr. R. W. Weilert, M. D.  
 (Address) Autopsy

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

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.

FORM 12-38 I 114028

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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 Blaine C. Woolcut .....

Licensed Embalmer No. 4075 .....

P. O. Address 2392 Monitor Pl. K.E. .....

**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.**