

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

34888

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Raw Primary Registration District No. 100

(c) City K.C. Mo. (d) Street No. Childan's Mercy Hosp. Registered No. 3863

(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 Alfred Morales

(a) Residence, No. 603 South Ave. K.C.K. 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 Minor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-7-39

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

— 1 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

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) Kansas City Ks. 1
Kansas -

FATHER 13. NAME Martin Morales 1

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) El Paso Texas 1

MOTHER 15. MAIDEN NAME Juana Pizent

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joliet Illinois

17. INFORMANT (ADDRESS) Mother
603 South Ave K.C.K.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Calvary DATE 10-7-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Daniels Bros.
K.C. Kansas

20. FILED Oct 6, 1939 M. M. Grove
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-5-39

22. I HEREBY CERTIFY, That I attended deceased from 9-18, 1939, to 10-5, 1939

I last saw him alive on 10-5, 1939. Death is said to have occurred on the date stated above, at 10:57 a.m.

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

Gastroenteritis Date of onset

11/16

Other contributory causes of importance:
Terminal Bronchopneumonia

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? _____

If so, specify _____

(Signed) W. S. Decker M. D.
(Address) 1316 Popple

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.

NOV 14 1939

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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,

F. A. Reising

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *F. A. Reising*

Licensed Embalmer No. *3124*

P. O. Address *322 1/2 Park St. N. H.*

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.