S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11035

Registration District No. 318

Primary Registration District No. 5440

Registrar's No. 293

1. PLACE OF DEATH:

(a) County Greene S. Springfield

(b) City or town Springfield, Missouri

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Medical Center for Federal Prisoners

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days 3 (Specify whether years, months or days)

In this community 17 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Peurto Rico (b) County

(c) City or town Salinas

(If outside city or town limits write "RURAL")

(d) Street No. 7

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARTINEZ, Jose Ortiz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 2 (Day) 1911 (Year)

8. AGE: Years 28 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Aibonito, (City, town, or county) Peurto Rico (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Jose Ortiz

13. Birthplace Aibonito, (City, town, or county) Peurto Rico (State or foreign country)

MOTHER 14. Maiden name Joaquina Martinez

15. Birthplace Salinas, (City, town, or county) Peurto Rico (State or foreign country)

16. (a) Informant Deceased

(b) Address MCFP.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn Cemetery

18. (a) Signature of funeral director Fred C. Thiem

(b) Address Springfield, Mo.

19. (a) 3/25/40 (Date received by local registrar) (b) Chas. A. Yeager (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1940 hour 4:00 minute 55 P.M. M.

21. I hereby certify that I attended the deceased from March 5, 1940, 19..., to March 22, 1940, 19...; that I last saw him alive on March 22, 1940, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary, chronic, active, far advanced, bilateral	prior to adm.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Tuberculosis of the intestines.	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? No (e) Means of injury

23. Signature E. W. Green, USPHS (M. D. or other)

Address Clinical Director MCFP Date signed 3-23-40

(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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed P H Chicane

Licensed Embalmer No. 3641

P. O. Address Springfield, Mo.

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.

X