S. No. 2
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FD JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20775

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2392

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C.General Hospital No.1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. & 4 days (Specify whether years, months or days)
In this community 15 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits write "RURAL")
(d) Street No. 2307 Bellview Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 30 Years years

3. (a) PRINT FULL NAME GENEVIEVE PAREDES 1632
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Raymond Parades
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Jan. (Month) 3 (Day) 1896 (Year)

8. AGE: Years 44 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Mexico (City, town, or county) (State or foreign country)
10. Usual occupation Housewife 3
11. Industry or business
12. FATHER Name Thomas Varela 3
13. FATHER Birthplace Mexico (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Francisca Villa
15. MOTHER Birthplace Mexico (City, town, or county) (State or foreign country)
16. (a) Informant Raymond Parades
(b) Address 2307 Belleview Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 12 (Day) 40 (Year)
(c) Place: burial or cremation St. Marys
18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place, K. C. Mo.
19. (a) June 11, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1940 hour 10:00 P.M. minute M.
21. I hereby certify that I attended the deceased from Feb. 5th, 1940, 19__, to June 9th, 1940, 19__; that I last saw her alive on June 9th, 1940, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Gangrenous cellulitis of left anterior chest, left breast and left arm — Duration
Due to Abscess of left breast (Not puerperal or tuberculous) 139 D
Due to
Other conditions Toxic Hepatitis
(Include pregnancy within 3 months of death)
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? (e) Means of injury

23. Signature Geo. D. Mann M.D. (M. D. or other)
Address Supt. K.C.Gen.Hospital, K.C.Mo. Date signed 6-11-40

(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 Blaine E. Wilcut

Licensed Embalmer No. 4075

P. O. Address 2332 Montana Ave.

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

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