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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21251

LED JUL 12 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 656

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2310 South 9th. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 21 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph Mo.
(If outside city or town limits write "RURAL")

(d) Street No. 2310 South 9th. St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 21 years.

3. (a) PRINT FULL NAME Felix Rocha 2A

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mercedes Rocha

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased July 12th. 1903
(Month) (Day) (Year)

8. AGE: Years 36 Months 11 Days 4 If less than one day ____ hr. ____ min.

9. Birthplace Mexico 3
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer 3

11. Industry or business 3

FATHER
12. Name Arnulo Rocha
13. Birthplace Mexico
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bruna Towrez
15. Birthplace Mexico
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. N. Hernandz
(b) Address 2317 South 9th. St.

17. (a) Burial (b) Date thereof June 18 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director Herman Wm Lidenfaden
(b) Address 1802 Union St. St Joseph Mo.

19. (a) 6/17/40 (b) H. J. Nestlebush
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th.
year 1940 hour 5:00 A.M. minute ____ M.

21. I hereby certify that I attended the deceased from June 1, 1940 to June 16, 1940
that I last saw him alive on June 16, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary TB	?
Due to	
Due to	
Other conditions (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? 85
(Specify type of place)
While at work? (e) Means of injury

23. Signature J M Allaman (M. D. or other) 1
Address Central Bldg Date signed 6/17/40

(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 Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address St. Joseph, Mo

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

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