

NOV 2 1940 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 400

Primary Registration District No. 5552B

Registrar's No. 188

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Little Blue "R" Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson Co. Emergency Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Courtney
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 20 years.

3. (a) PRINT FULL NAME Marcella Villagran

3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Mexican 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sebastok Villagran 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 6 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 6 If less than one day _____ hr. _____ min.

9: Birthplace No record Mexico
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business own home

12. Name Mariano Deare

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

14. Maiden name Sesaria Escañilla

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

16. (a) Informant Husband - Sebastok Villagran

(b) Address Courtney Missouri

17. (a) Burial (b) Date thereof 10/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Courtney, Mo.

18. (a) Signature of funeral director Joseph C. Casper

(b) Address Independence Mo.

19. (a) 10-16-400 (b) Joseph C. Casper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day Twelve
year 1940 hour 11 minute 50 a.m.

21. I hereby certify that I attended the deceased from October 4 1940, to October 12 1940
that I last saw her alive on October 12 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hect. Acuteing Cholemycitis

Due to Chronic Cholemycitis - Cholelithiasis

Due to _____
Other conditions 126
(Include pregnancy within 3 months of death)

Major findings: Cholelithiasis
Of operations _____
Of autopsy Alone

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?
032 (Specify type of place)
While at work? (e) Means of Injury _____

23. Signature Joseph C. Casper (M. D. or other) M.D.
Address Joseph C. Hospital Date signed 10/14/40

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.