S. No. 2
—11-10-39
5-17-39
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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

37768

State File No. ~~4366~~

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

FILED DEC 11 1940

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: Kansas City General Hosp. #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Days (Specify whether years, months or days)

In this community 37 Yrs.

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. 2120 Terrace St. (If rural, give location)

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

3. (a) PRINT FULL NAME ANDRES QUINONEZ

3. (b) If veteran, name war None

3. (c) Social Security No. 702-89-9528 None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Nov. (Month) 31 (Day) 1898 (Year)

8. AGE: Years 42 Months 11 Days 12 If less than one day ____ hr. ____ min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Francisco Quinonez

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

MOTHER 14. Maiden name Ascension Lopez

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

16. (a) Informant Mrs. Ascension Quinonez

(b) Address 2317 Jarboe St. K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 16 40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place; K. C. Mo

19. (a) 11-16-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 Day 12-40 year ____ hour ____ minute 12:55 A.M.

21. I hereby certify that I attended the deceased from ____, 19__ to ____, 19__; that I last saw the deceased on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Generalized Peritonitis

Due to Pulmonary Embolism

Due to Bullet wound of Abd

Other conditions (Include pregnancy within 3 months of death)

173

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) Homicide

(b) Date of occurrence 10-29-40

(c) Where did injury occur? K. C. (City or town) Jackson (County) Mo (State)

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

While at work? ____ (e) Means of injury Bullet wound abd

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed

(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. Weibert

Licensed Embalmer No.....4075

P. O. Address.....2332 Monitor Pla

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.