No. 2
4-13-40
-17-39
I X23159

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. 37841
4439

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

FILED DEC 1 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: Childrens Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. 18 da
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits write "RURAL")
(d) Street No. 1009 Jefferson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Gloria Barron (Gloria Barron)
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 - 12 - 1927 (Month) (Day) (Year)

8. AGE: Years 3 Months 7 Days 3 If less than one day hr. min.

9. Birthplace San Antonio (City, town, or county) Texas (State or foreign country)
10. Usual occupation Baby
11. Industry or business
FATHER 12. Name Pablo Barron
13. Birthplace San Antonio (City, town, or county) Texas (State or foreign country)
MOTHER 14. Maiden name Lerio Ortiz
15. Birthplace San Antonio (City, town, or county) Texas (State or foreign country)
16. (a) Informant Pablo Barron
(b) Address 1009 Jefferson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Calvary
18. (a) Signature of funeral director A H Donnell
(b) Address 1414 Karnes
19. (a) 11-22-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1940 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov 21, 1940 to Nov 21, 1940 that I last saw him alive on Nov 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Miliary tuberculosis 27 hr
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) TBC Right Hip Joint
Major findings:
Of operations
Of autopsy Generalized miliary tuberculosis

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 W B Sockbeson (M. D. or other)
Address 1314 Paseo Bldg Date signed Nov 21 1940

(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~~ Katie Daniels Parish, Registered Apprentice No. ..... working under my personal supervision.

Signed Katie Daniels Parish

Licensed Embalmer No. 2391

P. O. Address Kansas City, Kansas

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, fact should be so stated above.