

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37877
Registrar's No. 4475

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson city, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Northeast 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 unknown
years, months or days)

3. (a) PRINT FULL NAME Mrs. Spledad Sargosa
Mrs. Spledad Sargosa

3. (b) If veteran, name war _____ 3. (c) Social Security No. 40

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

6. (b) Name of husband or wife Mr. Nicholas Sargosa 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: (Month) 12 (Day) 27 (Year) 1890

8. AGE: Years 48 Months 10 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Alexander Obmor

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

14. Maiden name Miralea (City, town, or county) Noth (State or foreign country)

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

16. (a) Informant Frank P. Heintz (b) Address 117 Shawnee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Camp

18. (a) Signature of funeral director W. P. Sarnick (b) Address 644 Kansas Ave

19. (a) 11-25-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

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. 2306 Jarboe
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1940 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from Nov 12
1940 to Nov 22 1940
that I last saw him alive on Nov 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia Duration 1 day

Due to Carcinoma of cervix 2 yrs and uterus

Due to 48

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

Major findings: Cancer of cervix and uterus
Of operations _____
Of autopsy none

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature J. M. Smith (M. D. or other) DO

Address 500 Bryant Bldg Date signed 11-22-40

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. 3122

working under my personal supervision.

Signed

Frank A. Reising

Licensed Embalmer No. 3122

P. O. Address 322 West Kansas City

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.