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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1114

Registration District No. 399 Primary Registration District No. 1002 State File No. _____
Registrar's No. 74

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 3912 Woodland
(d) Length of stay: In hospital or institution 25 years
In this community 25 years

3. (a) PRINT FULL NAME REYES PRUDENCIANO
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race Spanish 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown

8. AGE: Years 92 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace 3 Mexico

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Rapae Reyes

(b) Address 3912 Woodland

17. (a) Burial (b) Date thereof 1-7-1941
(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Sulzer

(b) Address 6900 S. Grand St. St. Louis, Mo.

19. (a) Feb 19 41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3912 Woodland
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-5 day 41 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 5:15 a.
that I last saw him/her alive on _____, 19____, to _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Senility
Due to Arteriosclerosis

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

Major findings: _____
Of operations _____
Of autopsy Yes

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 _____

23. Signature W. H. ... (M. D. or other) _____
Address 1511 ... Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Howard J. Rol

Licensed Embalmer No. 2748

P. O. Address 1324 E. 26

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.