. No. 2
—1-4-41
5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5986

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 758

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:
K.C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2305 Summit St. 8
(If rural, give location)

(e) Citizen of foreign country? No. 0 ~~(Yes or No)~~

If yes, name country

3. (a) PRINT FULL NAME TONY MACIEL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Serrva Maciel

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

7. Birth date of deceased Sept (Month) 13 (Day) 1870 (Year)

8. AGE: Years 70 Months 5 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace California (City, town, or county) 1 (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business Unknown

FATHER
12. Name Doroteo Maciel
13. Birthplace Mexico (City, town, or county) 3 (State or foreign country)

MOTHER
14. Maiden name Victoriana Cewantes
15. Birthplace Mexico (City, town, or county) 3 (State or foreign country)

16. (a) Informant Joseph Maciel
(b) Address 2305 Summit

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 21 (Day) 40 (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Weber Funeral Home
(b) Address 2332 Monitor Place

19. (a) 2/21/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19th
year 1941 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from 2-17-41, 19__, to 2-19-41, 19__;
that I last saw him alive on 2-19-41, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Right lower lobar pneumonia	
Due to Diabetec mellitus (clinical)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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)
(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 Duncan R. Thorn (M.D. or other)
Address Med. Dir. K.C. Gen. Hospital 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 Leon V. Stewart

Licensed Embalmer No. 4177

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.