No. 2
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FILED MAR 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6034

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 806

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

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 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 20 years

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.: 514½ Main St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: George Espinoca
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: M.
5. Color or race: W.
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: March (Month) 12 (Day) 1893 (Year)

8. AGE: Years 47 | Months 10 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace: Cuba (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
12. Name (Father): Unknown
13. Birthplace (Father): Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name (Mother): Unknown
15. Birthplace (Mother): Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Record Clerk
(b) Address: K. C. General Hosp. #1
17. (a) Anatomical (Burial, cremation, or removal) (b) Date thereof: 2 26 41 (Month) (Day) (Year)
(c) Place: burial or cremation: K. C. College of Osteo.
18. (a) Signature of funeral director: Wailert Funeral Home
(b) Address: 2332 Monitor Place; K.C. Mo.
19. (a) 2/25/41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2nd year 1941 hour 6 minute 55 P. M.
21. I hereby certify that I attended the deceased from 1-31-41, 19__, to 2-2-41, 19__; that I last saw him alive on 2-2-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	
Due to:	
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: [illegible] (M.D. or other)
Address: Med.Dir.K.C.Gen.Hospital, K.C.Mo. 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. Weilert

Licensed Embalmer No. 4075

P. O. Address 3332 Monitor Plac

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.