

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NEO MAR 14 1941

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **6075**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **847**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 18 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town K.C. (If outside city or town limits, write "RURAL")

(d) Street No. 413 Cherry
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Mexico

3. (a) PRINT FULL NAME MANUEL CORTEZ

3. (b) If veteran, name war --

3. (c) Social Security No. Unk.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 26 year 41
hour 7:15 minute P.

4. Sex M 5. Color or race Mexican

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

6. (b) Name of husband or wife Angeline 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased: Mar 3 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7:15 P.
that I am Dr. Brown alive on 2-26-41 and that death occurred on the date and hour stated above.
Immediate cause of death

8. AGE: Years 48 Months 11 Days 25 If less than one day
hr. min.

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

Bilateral subdural hematoma
injury by fall

Other conditions (Include pregnancy within 3 months of death) 1860
46 W

10. Usual occupation Railroad

11. Industry or business Labor

12. Name Doria Cortez

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

14. Maiden name Unk

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

Major findings: Of operations 1860
46 W

Of autopsy

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

16. (a) Informant Angeline Cortez

(b) Address 413 Cherry

17. (a) BURIAL (b) Date thereof 3/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director T. Parrella (Schubert)

(b) Address 9018 S. E. 4th

19. (a) 2/28/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 125

(b) Date of occurrence 2-25-41

(c) Where did injury occur? Kel. Mo
(City or town) (County) (State)

(d) Did injury occur in about home, on farm, in industrial place, in public place?

While at work: (Specify type of place) (Specify means of injury) 3

23. Signature Dr. Brown (M. D. or other)
Address K.C. Mo. Date signed

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.....

Ray E. Snow
.....
Licensed Embalmer No. 25760

P. O. Address 1807 E 29th

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, fact should be so stated above.