No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17117

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1779

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 3 hrs. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No.: 2021 Bellview (If rural, give location) 8

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Trinidad Medellin

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male 4

5. Color or race: Mexican

6. (a) Single, widowed, married, divorced: Child 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Jan. (Month) 26 (Day) 1941 (Year)

8. AGE: Years | Months: 3 | Days: 7 | If less than one day: hr. min.

9. Birthplace: Kansas City, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Child

11. Industry or business:

MOTHER FATHER

12. Name: Trinidad Medellin 3

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

14. Maiden name: Conception Pico

15. Birthplace: Mexico 3 (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Trinidad Medellin

(b) Address: 2021 Bellaview St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 5 41 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Weilert Funeral Home

(b) Address: 2332 Monitor Place; K.C. Mo.

19. (a) May 5 1941 (Date received by local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1941 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from 5-3-41, 19..., to 5-3-41, 19...; that I last saw him alive on 5-3-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Confluent Bronchopneumonia

Due to:

Due to:

Other conditions: None (Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: See above

Duration

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: Drury R. Thorn (M. D. or other) (1)

Address: Med. Dir. K.C. Gen. Hospital K. 6 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 2332 Moreton Pl

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

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