

FILED SEP 12 1941
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2946

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: Childrens Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 hours 19hr 30min
(Specify whether)

In this community _____
years, months or days

3. (c) PRINT FULL NAME Samuel Lara

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

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

8. AGE: Years _____ Months 2 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

12. Name Joseph Lara

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

14. Maiden name Rosie Valdez

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

16. (a) Informant Mr. Joseph Lara

(b) Address 2024 Madison Street

17. (a) Burial (b) Date thereof 8 4 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

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

(b) Address 81332 Monitor Plaza, K.C. Mo.

19. (a) 8/4/41 (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
(If outside city or town limits, write "RURAL")

(d) Street No. 2024 Madison Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 year 1941 hour 7 minute 30 AM

21. I hereby certify that I attended the deceased from Aug 3, 1941, to Aug 3, 1941

that I last saw him alive on Aug 3, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death:

Pertussis

Bronchopneumonia

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy Same

Delayed confluent Bronchopneumonia

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature W. S. Soderberg (M. D. or other) D

Address 1315 Parkville Date signed Aug 3 1941

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

MOTHER FATHER

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. Walker
.....
Licensed Embalmer No. *4075*.....

P. O. Address *2332 Montrose St.*.....

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.