No. 2
9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

5500

State File No.

Registrar's No. 592

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:
General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-3-42-2-6-42 (Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 8

(d) Street No. 2818 Terrace
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME INFANT MEDELLIN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 3 (Day) 1942 (Year)

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

9. Birthplace Kansas City (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name George Medellin
13. Birthplace Laredo (City, town, or county) / Texas (State or foreign country)

MOTHER
14. Maiden name Cecelia Lara
15. Birthplace Topeka (City, town, or county) / Kansas (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn Cemetery

18. (a) Signature of funeral director Fannie L. Meek

(b) Address 1708 E. 18th St. W.C. Mo

19. (a) 2/10/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6
year 1942 hour 3 minute 55 a. M.

21. I hereby certify that I attended the deceased from
February 3, 1942, to February 6, 1942
that I last saw him alive on February 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition

Due to 158

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? Means of injury 0

23. Signature [signature] (M. D. or other)

Address Gen. Hosp. #2-600 E 22 Date signed 2-9-42

(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 Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City, Mo

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.