S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13331

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1632

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: St Marys 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 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2319 Monitor Pl.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MANUEL GOMEZ
3. (b) If veteran, name war No
3. (c) Social Security No. 702-14-5599
4. Sex Male
5. Color or race Mex
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Guadalupe Gomez
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Dec (Month) 21st (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
47	4	3	hr. min.

9. Birthplace Cuero (City, town, or county) Texas (State or foreign country)
10. Usual occupation Freight Handler
11. Industry or business Mo Pac R.R.
FATHER
12. Name Raymond Gomez
13. Birthplace Mexico (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Phylis Gomez
15. Birthplace Mexico (City, town, or county) (State or foreign country)
16. (a) Informant Guadalupe Gomez
(b) Address 2319 Monitor Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cem
18. (a) Signature of funeral director Peter B Lazetina
(b) Address KC Mo
19. (a) Apr 26 42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 24 year 42 hour 3:45 minute P M.
21. I hereby certify that I attended the deceased from Arms, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Hemopericardium
Due to Hemorrhage from aortic aneurism
Due to 30 d
Other conditions
(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 [signature] (M.D. or other) 4/25/42
Address Ilew Date signed

(Licensed Embalmer's Statement on Reverse Side)

MC

DEC 1 1 1942

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 Peter B. Lapetina

Licensed Embalmer No. 4273

P. O. Address KC 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.