V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13582

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1792

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Leeds, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C.T.B. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yr. 5 mo 23 da (Specify whether
In this community 24 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 1520 Charlotte 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or ~~No~~) 0

If yes, name country Mexico

3. (a) PRINT FULL NAME Salvatore Vaca

3. (b) If veteran, name war no

3. (c) Social Security No. 495-01-2779

4. Sex male 4

5. Color or race Mex.

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Nov. (Month) 22 (Day) 1917 (Year)

8. AGE: Years 24 Months 5 Days 13 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation Grocery Clerk

11. Industry or business ✓

FATHER
12. Name Joe Vaca
13. Birthplace Mexico 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Antonia Ruiz
15. Birthplace Mexico 1
(City, town, or county) (State or foreign country)

16. (a) Informant K.C.T.B. Hospital
(b) Address Leeds, Missouri

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof May 7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Mary

18. (a) Signature of funeral director A.P. Doehler
(b) Address 1475 E. 15

19. (a) 5-6-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1942 hour 4 minute 05 P M.

21. I hereby certify that I attended the deceased from Dec 23, 1940, to May 5, 1942 that I last saw him alive on May 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced bilateral active pulmonary tuberculosis.

Due to 13B'

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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 0

23. Signature C C Hegan (M. D. or other)

Address 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.....

Licensed Embalmer No. 1166

P. O. Address 1415 E 15 City

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.