S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20301

State File No. 2624

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

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.T.B. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. Leeds, Mo. 8
(If rural, give location)

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

If yes, name country Mexico

3. (a) PRINT FULL NAME Pedro Herrara

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Nassira, Herrara

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased June (Month) 29 (Day) 1861 (Year)

8. AGE: Years 81 Months 0 Days 8 If less than one day hr. min.

9. Birthplace St. Miguel Leurrdeloo (City, town, or county) Oldamas (State or foreign country)

10. Usual occupation farmer

11. Industry or business None

FATHER
12. Name Erniterio, Herrara
13. Birthplace Guadalupa Irrons (City, town, or county) Not Known (State or foreign country)

MOTHER
14. Maiden name Guadalupa Irrons
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant K.C.T.B. Hospital

(b) Address Leeds Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 10 (Day) 42 (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) 7/9/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 7
year 1942 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from JUNE 24, 1942 to JULY 8, 1942
that I last saw him alive on JULY 8, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far advanced pulmonary tuberculosis	
Due to	
Due to B B	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

Address K.C.T.B. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side) K.C. Mo.

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. Weibert

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor Pl. K.C.M

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.