. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1942

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39605

State File No.

Primary Registration District No. 1002

Registrar's No. 4492

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:
2109 Terrace Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 years
years, months or days)

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. 2109 Terrace Street
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country: Mexico

3. (a) PRINT FULL NAME: RAPHAEL CHAVEZ

3. (b) If veteran, name war: None

3. (c) Social Security No. 703-03-0490

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Guadalupe Chavez

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

7. Birth date of deceased: Oct. (Month) 24 (Day) 1900 (Year)

8. AGE: Years 42 Months 1 Days 9 If less than one day hr. min.

9. Birthplace: Mexico (City, town, or county) (State or foreign country)

10. Usual occupation: Track Laborer

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Louis Chavez
(b) Address: 2109 Terrace St. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-5-42 (Month) (Day) (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) 12-5-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3 year 42 hour 4:30 P. minute M.

21. I hereby certify that I attended the deceased from 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Primary pulmonary tuberculosis

Due to: 12 yrs

Due to:

Other conditions
(Include pregnancy within 3 months of death)

Major findings
Of operations:

Of autopsy: No

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 (c) Means of injury

23. Signature: (M. D. or other)

Address: Date signed 12/4/42

(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 Blaine E. Weikert

Licensed Embalmer No. 4075

P. O. Address K.C. 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.