

Registration District No. FILED JAN 25 1943

Primary Registration District No. 1000

Registrar's No. 5-3

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2nd & Atchison
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
(Specify whether
 In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 2nd & Atchison Sts
(If Rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country Mexico

3. (a) PRINT FULL NAME Guadalupe Torres

MEDICAL CERTIFICATION

3. (b) If veteran, name war none 3. (c) Social Security No. none

20. DATE OF DEATH: Month January day 10
 year 1943 hour 6 minute 15 A. M.

4. Sex Female 5. Color or race Mexican
 6. (a) Single, widowed, married, divorced, single

21. I hereby certify that I attended the deceased from January 7, 1943, to January 10, 1943, that I last saw her alive on January 10, 1943, and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 8, 1916
(Month) (Day) (Year)

Immediate cause of death Lobar pneumonia Duration 4 da.

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>4</u>	<u>2</u>	hr. _____ min.

Due to _____
 Due to _____

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

Other conditions Influenza 7 da.
(Include pregnancy within 3 months of death)

10. Usual occupation housewife

Major findings: 108
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

11. Industry or business home
 12. Name John Torres
 13. Birthplace Mexico
(City, town, or county) (State or foreign country)
 14. Maiden name Ruth Montinez
 15. Birthplace Mexico
(City, town, or county) (State or foreign country)

16. (a) Informant John Torres Jr
 (b) Address 2nd & Atchison Sts

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? Home
(Specify type of place)

17. (a) Burial (b) Date thereof 1-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt Olivet Cemetery

23. Signature Leighton Woodson (M. D. or other)
 Address 109 1/2 West No. Ave. Date signed 1/11/43

18. (a) Signature of funeral director Tracy Barry Funeral Home
218 South 10th St
 (b) Address _____
 19. (a) 1-13-43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

Goodman
104 1/2 W 1st Ave

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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.