

SEP 7 1943  
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Mercy Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 hrs. (Specify whether years, months or days) 9 hrs.

3. (a) PRINT FULL NAME FRANCES AGUILAR

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 5. Color or race Mex

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: May 30 43  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

2 27 hr. min.

9. Birthplace: K.C. Kans.  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Pete Aguilar

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

14. Maiden name Mary Flores

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Pete Aguilar

(b) Address 1013 S 25th Kc Kans

17. (a) Removal (b) Date thereof 8/27/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kc Kans

18. (a) Signature of funeral director Schubert

(b) Address 901 E 5th

19. (a) Aug 27 43 (b) J E Brown, Jr  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kans (b) County Wyandotte  
(If outside city or town limits, write "RURAL")

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

(d) Street No. 1013 S 25th  
(If rural, give location)

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

If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
Deputy Coroner

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Dehydration

Due to Hydropsium

Due to Pulmonary Edema

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 16le PHYSICIAN \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy See above

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature A E Upsher (M. D. or other) \_\_\_\_\_  
Address 237 N. May Date 8/27/43

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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 Roy Snow  
Licensed Embalmer No. 2560  
P. O. Address K6 Me

**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.**