

ED SEP 7 1949
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH: JACKSON
(a) County JACKSON
(b) City or town KANSAS CITY, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County JACKSON
(c) City or town KANSAS CITY, MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 2311 Bellevue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Joseph Aguirre
3. (b) If veteran, name war - 3. (c) Social Security No. -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 20th
year 1943 hour 5:30 AM minute - M.

4. Sex MALE 5. Color or race Mex. 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased May 12 43
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-9 1943 to 8-20 1943
that I last saw h.l.m. alive on 8-20 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
3 - 8 - - hr. min.

Immediate cause of death Post Mortem
1. Pyloric stenosis (Congenital)
Due to 2. Bronchopneumonia
3. Asthenia
Due to 15792

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation

Major findings: Of operations

MOTHER FATHER
11. Industry or business
12. Name Ruperto Aguirre
13. Birthplace Irapuato Mexico
(City, town, or county) (State or foreign country)
14. Maiden name Eusebia Lopez
15. Birthplace Zacatecus Mexico
(City, town, or county) (State or foreign country)

Of autopsy
Underline the cause to which death should be charged statistically.

16. (a) Informant Eusebia Lopez Aguirre
(b) Address 2311 Bellevue
17. (a) Burial (b) Date thereof Aug 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cem.

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?

18. (a) Signature of funeral home Wesley Federal Home
(b) Address 2332 Montford KC Mo
19. (a) 8-22-43 (b) W. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature John H. Haskins M.D.
Wesley Child Hosp (M.D. or other)
Address Wesley Child Hosp Date signed 8-20-43

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

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

Jack W. Laybourne

Licensed Embalmer No. *1715*

P. O. Address *N. 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.