

No. 2
M-2.43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30859

State File No.

3824

FILED SEP 21 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution St. Mary's Hospital

(d) Length of stay: In hospital or institution 25 days

In this community 21 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Courtney

(d) Street No. Rmoe

(e) Citizen of foreign country? Old Mexico

If yes, name country Old Mexico

3. (a) PRINT FULL NAME FRANCISCO MORALEZ

3. (b) If veteran, name war no

3. (c) Social Security No. 711-14-6426

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 2 year 1943 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from

4. Sex Male

5. Color or race Mexican

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased no record

8. AGE: 46

1919 Coronas

that I last saw h. alive on 1919 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic pulmonary tuberculosis, Tuberculous pleuritis

Due to

Due to

Other conditions: 13/6

9. Birthplace Old Mexico 3

10. Usual occupation Section Hand

11. Industry or business Missouri Pac. R.R.

12. Name Unknown Moralez

13. Birthplace Old Mexico 3

14. Maiden name Victoria Unknown

15. Birthplace Old Mexico 3

16. (a) Informant Filicand Moralez

(b) Address Courtney, Mo.

17. (a) Burial, cremation, or removal Burial (b) Date thereof Sept. 4, 1943

(c) Place: burial or cremation Courtney, Mo.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo.

19. (a) 9-4-43 (b) Sep. 7, E. Brown

Major findings: Of operations

Of autopsy: see above

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?

(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 C. E. 3 (M. D. or other)

Address K.C. Mo. Date signed 9/3/43

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 Franko B. B. B.

Licensed Embalmer No. 2467

P. O. Address Indep. 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.