S. No. 2
M—2-43
5-17-39
I X3569

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37489

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4524

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hrs. 40 min (Specify whether years, months or days)
In this community 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2004 Kansas
(If rural, give location)
(e) Citizen of foreign country? ~~no~~ yes (Yes or No)
If yes, name country Mexico

3. (a) PRINT FULL NAME Ruth Salas
3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex Fe
5. Color or race Mex.
6. (a) Single, widowed, (married), divorced
6. (b) Name of husband or wife Francisco Salas
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased July (Month) 4 (Day) 1890 (Year)
8. AGE: Years 53.5 Months 4 Days 18 If less than one day hr. min.
9. Birthplace Not Known (City, town, or county) Mexico (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Martin Estrada
13. Birthplace Not Known (City, town, or county) Mexico (State or foreign country)
MOTHER 14. Maiden name Juana Munoz
15. Birthplace Not Known (City, town, or county) Mexico (State or foreign country)
16. (a) Informant Carmen Salas
(b) Address 2004 Kansas St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Bentley Mortuary
(b) Address 5811 Troost
19. (a) 10-25-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22nd year 1943 hour 8 minute 20 P.M.
21. I hereby certify that I attended the deceased from Oct. 21st, 1943 to Oct. 22nd, 1943 that I last saw her alive on Oct. 22nd, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophy and Dilatation of Heart — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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? (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? Means of injury
23. Signature Percy R. Thom (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 10-25-43

(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.....

Licensed Embalmer No. 2756

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.