

FILED JAN 3 1949

Primary Registration District No. 1002

Registrar's No. 5239

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Ke.

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

(d) Length of stay: In hospital or institution 1 hr.
(Specify whether years, months or days) 15 yrs.

3. (a) PRINT FULL NAME Joseph Arredondo

3. (b) If veteran name war Not known

3. (c) Social Security No. unknown

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Edna Arredondo

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

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

aprox 41 hr. min.

9. Birthplace Mexico 3
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Repair

11. Industry or business

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Coroner office

(b) Address Ke. no.

17. (a) Burial, cremation, or removal Burial

(b) Date thereof 12-15-43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt Calney

18. (a) Signature of funeral director H. E. Brown

(b) Address Ke. Mo.

19. (a) 12-13-43
(Date received local registrar)

P. E. Brown
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Jackson 48

(c) City or town Ke. 8

(d) Street No. 1210 Broadway
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-10-43
year hour minute M.

21. I hereby certify that I attended the deceased from 1943 to 1943
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: Bronchopneumonia

Due to: Hypertrophy of heart

Due to: ase?

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?

While at work? _____ (Specify type of place)

23. Signature: H. E. Brown
Address: 23 Mt Calney
Date: 12/15/43

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

MOTHER FATHER

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.....

Francis Walton

Registered Apprentice No. *2744*

working under my personal supervision.

Signed.....

J. H. Pugh

Licensed Embalmer No. *2744*

P. O. Address. *1 E. 2nd, 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.