

FILED FEB 3 1944
1944

176

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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:
1315 Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 16 years, (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
1315 Cherry
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Antonio Baengan

3. (b) If veteran, name war Unknown 3. (c) Social Security No. 486-19-9146

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Ruby Baengan 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased February 14 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 10 29 hr. min.

9. Birthplace Phillipine Islands, 7
(City, town, or county) (State or foreign country)

10. Usual occupation none
11. Industry or business last employed at bomber plant

MOTHER FATHER {
12. Name Unknown,
13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown,
15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruby Baengan
(b) Address 1315 Cherry, Kansas City, Mo.

17. (a) Burial (b) Date thereof 1-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Hill, Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) address 3235 Gillham Plaza, K. C., Mo.

19. Jan. 13, 1944 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12
year 1944 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____;
Covered
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Burns
Duration _____

Due to _____

Due to _____

Other conditions 107
(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) (c) Means of injury _____

23. Signature OTETA 3/12/44 (M.D. or other)
Address _____ Date signed _____

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 *John L. Gburley*.....

Licensed Embalmer No. *4050*.....

P. O. Address *Kansas City, 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.