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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1583 5692

Registration District No. 1445 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: Lake Side Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-25-43 / 12-27-43 (Specify whether
In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri Kansas (b) County Jackson Wyandotte
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 0
(d) Street No. Lakeside Hospital (If rural, give location) 629 Miami KC. K.
(e) Citizen of foreign country? (Yes or No)
If yes, name country 9.

3. (a) PRINT FULL NAME Higinio Mendoza
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race Mexican
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Mendoza
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 11 (Month) 11 (Day) 1894 (Year)

8. AGE: Years 49 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Mexico 3 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Higinio Mendoza (MENDOZA)
FATHER 13. Birthplace Unknown (City, town, or county) Mexico 3 (State or foreign country)
MOTHER 14. Maiden name Mary Mendoza
MOTHER 15. Birthplace Unknown (City, town, or county) Mexico 3 (State or foreign country)
16. (a) Informant Mary Mendoza
(b) Address 629 Miami
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Calvary
18. (a) Signature of funeral director H H Daniels
(b) Address 7th Main KC. K.
19. (a) Dec 31-1943 (Date received local registrar) (b) Zak Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27 year 43 hour 4 P.M. minute M. Dec.
21. I hereby certify that I attended the deceased from 25th. 19 43 to Dec. 27th. 19 43 that I last saw him alive on Dec. 27th 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Due to Intracranial lesions
Due to Injury
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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) Accident 136
(b) Date of occurrence Dec 24th. 1943.
(c) Where did injury occur? Kansas City, Wyandotte Co. Kas. (City or town)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Street. (Specify type of place)
While at work? (e) Means of injury Unknown.
23. Signature R L Lo Lo M.D.
Address 2301 Summit, Kansas City, Mo. Date signed 12-31-43

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(Licensed Embalmer's Statement on Reverse Side)

FEB 17 1947

JAN 24 1944

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: J. Chuck Werner

Licensed Embalmer No. 2598

P. O. Address K C Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.