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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1612  
5636

FILED JAN 13 1949

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 1002

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: 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 6 days  
(Specify whether)

In this community 3 years  
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")

(d) Street No. 2323 Madison  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Guadalupe Molina

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 28  
year 1943 hour 5 minute 25 P. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Juan Molina

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: 12-12-1952  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 22, 1943 to December 28, 1943  
that I last saw him alive on December 28, 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 0 Days 16  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Hypertensive cardiac vascular disease-Cardiac de-compensation Duration

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

Due to \_\_\_\_\_

Due to 93d

10. Usual occupation Housewife

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Simon Acosta

13. Birthplace Chihuahua Mexico  
(City, town, or county) (State or foreign country)

14. Maiden name Raya Palma

15. Birthplace Chihuahua Mexico  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Ines Garcia

(b) Address 1178 Francis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 12-31-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Calvary Cemetery

(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? \_\_\_\_\_

18. (a) Signature of funeral director Daniels Bros.

(b) Address 644 Francis Ave. Kansas City, Mo.

19. Dec 30 1943 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature Drury R. Thow (M. D. or other) \_\_\_\_\_  
Address Med. Dir. Gen 1 Hosp. Date signed 12-28-43

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**