

FILED MAY 11 1944

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 353

1. PLACE OF DEATH: Buchanan

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution: St. Joseph's Hospital

(d) Length of stay: In hospital or institution 2 hours

In this community 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph

(d) Street No. 2521 South 2nd St

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

If yes, name country Mexico

3. (a) PRINT FULL NAME Refugio Rios

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5

year 1944 hour 10 minute AM.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Mexican

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

7. Birth date of deceased: October 4, 1874

21. I hereby certify that I attended the deceased from Feb. 23, 1944, to Apr. 5, 1944

that I last saw her alive on April 5, 1944

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	69	6	1	_____ hr. _____ min.

Immediate cause of death: Embolism - Superior mesenteric artery + splenic artery

Due to: Aortitis artery ?

9. Birthplace: Zamora Mexico

Due to: Blood Wasserman not done

Other conditions: _____

10. Usual occupation: housewife

Major findings: none } Emboli in superior mesenteric and splenic arteries. Raised pt spots in aorta about 1cm in diameter

Of autopsy: _____

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business: home

12. Name: Marcos Rios

13. Birthplace: Mexico

14. Maiden name: Anita Pacheco

15. Birthplace: Mexico

16. (a) Informant: Mary Bravo

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

(a) Accident, suicide, or homicide (specify) _____

(b) Mode of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address: 2521 South 2nd St, St. Joseph, Mo.

17. (a) Burial (b) Date thereof: 4-8-44

(c) Place: burial or cremation: Mt Olivet Cemetery

18. (a) Signature of funeral director: Barry Funeral Home

(b) Address: 224 South 10th St, St. Joseph, Mo.

19. (a) 4-8-44 (b) Rose Henry

23. Signature: Dr. Grant M.D. (M. D. or other)

Address: St. Joseph, Mo. Date signed: 4-7-44

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 *Mollie E. Sidenbader* Fr

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph, 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.