

No. 2  
-2-43  
-17-39  
X33607

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17040  
Registrar's No. 2117

FILED MAY 25 1944

Registration District No. 1949 Primary Registration District No. 1002

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 515 Locust 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 1 yr  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 515 Locust  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MODESTA HERNANDEZ

3. (b) If veteran, name war No

3. (c) Social Security No. 710

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14<sup>th</sup>  
year 1944 hour 3 minute 50 a.m.

4. Sex Female 5. Color or race Mex

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

6. (b) Name of husband or wife Lucio Hernandez

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb 25 1917  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Deputy Coroner

Duration \_\_\_\_\_

8. AGE: Years 67 Months 2 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Sclerosis with myocardial fibrosis

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

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

Other conditions (Include pregnancy within 3 months of death) 930

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

10. Usual occupation Housewife

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

12. Name Raphael Damian

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

14. Maiden name Macaria Pabca

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

Major findings: Of operations \_\_\_\_\_

Of autopsy Inspection and history

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Lucio Hernandez

(b) Address 515 Locust

17. (a) Burial (b) Date thereof 5-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys

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? \_\_\_\_\_

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

(b) Address 6 E Mo

19. (a) 5-16-44 (b) W. E. Brown  
(Date received local registrar) (Registrar's signature)

While at work? Yes (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature A. E. Washer (M. D. or other) M.D.  
28 McCoy Date 5/14/44

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

*Peter B. Lopez*

Licensed Embalmer No. *4773*

P. O. Address *12 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.**