DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1944

Registration District No. 4

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21074

Primary Registration District No. 1000

Registrar's No. 600

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2801 South 18th St (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)

In this community: 19 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: St. Joseph 1 (If outside city or town limits, write "RURAL")

(d) Street No.: 2801 South 18th St 7 (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Esther Carmona

3. (b) If veteran, name war: no

3. (c) Social Security No.:

4. Sex: Female 1

5. Color or race: white

6. (a) Single, widowed, married, divorced: single 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: August 14, 1924 (Month) (Day) (Year)

8. AGE: Years 19 | Months 9 | Days 23 | If less than one day: hr. min.

9. Birthplace: St. Joseph, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation:

11. Industry or business: Defense Plant, K.C. Kansas

FATHER 12. Name: Elpidio Carmona

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

MOTHER 14. Maiden name: Anna Vera

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

16. (a) Informant: Elpidio Carmona

(b) Address: 2801 South 18th St, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-10-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Olivet Cemetery Barry Funeral Home

18. (a) Signature of funeral director:

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

19. (a) 6-10-44 (Date received local registrar) (b) Helen I. Tickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1944 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5.19.44, 19__, to 6.7.44, 19__; that I last saw her alive on 6.7.44, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic pneumonia.	12 hrs.
Due to: Brain tumor type and location unknown.	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 57d	
Major findings: Of operations:	
Of autopsy:	

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): 0

(b) Date of occurrence: 0

(c) Where did injury occur? 0 (City or town) (County) (State)

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

While at work? 0 (e) Means of injury:

23. Signature: J. H. Ryan M.D. (M.D. or other)

Address: St. Joseph Mo Date signed: 6.8.44

1877

(Licensed Embalmer's Statement on Reverse Side)

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. Sidenfaden

Licensed Embalmer No. 4235 c

P. O. Address St. Joseph, M

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

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