V. S. No. 2
00M—2-43
ev. 5-17-39

FILED AUG 23 1944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26903

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3290

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C. Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 min (Specify whether

In this community 12 min. years, months or days) Wesley

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town K.C. (If outside city or town limits, write "RURAL")

(d) Street No. 911 ½ W 23rd (If rural, give location)

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

If yes, name country — 0

3. (a) PRINT FULL NAME ~~Baby Boy~~ Lona

3. (b) If veteran, name war — no

3. (c) Social Security No. none

4. Sex male

5. Color or race w

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

6. (b) Name of husband or wife N.B.

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

7. Birth date of deceased 8 (Month) 9 (Day) '44 (Year)

8. AGE: Years — Months — Days — If less than one day — hr. 12 min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)

10. Usual occupation N.B.

11. Industry or business —

FATHER
12. Name Wesley Hernandez Lona
13. Birthplace Claremore (City, town, or county) Okla (State or foreign country)

MOTHER
14. Maiden name Maria de la Luz Olvera
15. Birthplace Pachuca (City, town, or county) Mexico (State or foreign country)

16. (a) Informant Mr. Wesley Lona

(b) Address 911 ½ W - 23rd. KC Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-10-44 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill. K.C.K.

18. (a) Signature of funeral director Blanc E Warren

(b) Address 2332 Manitou Place

19. (a) 8-10-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1944 hour 12:03 minute a M.

21. I hereby certify that I attended the deceased from Aug 9, 1944, to Aug 10, 1944 that I last saw him alive on Aug 16, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death ① Tear of tentorium

Due to (Difficult labor)

Due to ② Intra-cranial hemorrhage (Due to tear)

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 160a

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Nicolas Jaime (M.D. or other)

Address Date signed

(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.....

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.