

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

33469

State File No.

FILED NOV 13 1944

Registrar's No. 4324

Registration District No. 199

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Mercy Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community All
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City, Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 626 Cambridge 8
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Beatrice Vasquez

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

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
 year 1944 hour 7 minute 15 A. M.

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

4. Sex F 5. Color or race Mexican

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

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased: May 7, 1944
(Month) (Day) (Year)

Immediate cause of death: Pharynx Bronchopneumonia

Due to

Due to

Other conditions: PTA
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
	<u>5</u>	<u>19</u>	hr. min.

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

10. Usual occupation -- infant

11. Industry or business --

MOTHER FATHER

12. Name Tony Vasquez

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

14. Maiden name Maria Eleis

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

16. (a) Informant Tony Vasquez

(b) Address 626 Cambridge K.C.Mo.

17. (a) Burial (b) Date thereof Oct. 28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St Marys Cemetery

18. (a) Signature of funeral director John P. Sheil

(b) Address K.C.Mo.

19. (a) 10-27-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

Major findings: PTA

Of operations

Of autopsy no op

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?

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

While at work? PTA (Specify type of place) (e) Means of injury PTA

23. Signature PTA 3 (M.D. or other) PTA
 Address PTA Date signed PTA

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 *J. J. Smith*.....
Licensed Embalmer No. *36257*.....

P. O. Address..... *K.C. 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.