

FILED FEB 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

5335

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 641

1. PLACE OF DEATH:
 (a) County Jackson 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:
General Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 nite
 In this community 2 hrs.
 (Specify whether 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. No record 1st & Cherry
 (If rural, give location)
 (e) Citizen of foreign country? no record (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Frank Solez
 3. (b) If veteran, name war no record 3. (c) Social Security No. no record
 4. Sex Male 5. Color or race Mex.
 6. (a) Single, widowed, married, divorced no record
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: No record
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 2 day 6
 year 1945 hour 3:42 minute 0 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.

8. AGE:	Years	Months	Days	If less than one day
	<u>App. 60</u>			_____ hr. _____ min.

Immediate cause of death: Coronary occlusion
 Due to arterio-sclerosis
 Due to Chronic nephritis
 Other conditions: _____
 (Include pregnancy within 3 months of death)

9. Birthplace Mexico (City, town, or county) (State or foreign country)
 10. Usual occupation unk.
 11. Industry or business unk.
 12. Name Unk.
 13. Birthplace Unk. (City, town, or county) (State or foreign country)
 14. Maiden name Unk.
 15. Birthplace Unk. (City, town, or county) (State or foreign country)

Major findings: History & Inspection
 Of operations _____
 Of autopsy nat

16. (a) Informant Police records
 (b) Address K. C. Mo.
 17. (a) Conley Clinician (City or town) (County) (State)
 (Burial, cremation, or removal) 2-8-45
Anatomical purposes
 (b) Place: burial or cremation _____
 18. (a) Signature of funeral director John P. Sheil
 (b) Address Kansas City, Mo.
 19. (a) 2-8-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

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)
 Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Frank Walker (M. D. or other) on coroner
 Address 1424 p. m. p. lly Date signed 2-7-45

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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.....

John P. Shiel

Licensed Embalmer No. *3625*

P. O. Address *17 E. 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.