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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12775

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1778

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: K.C.T.B. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs 11 mo 5 da (Specify whether years, months or days)

In this community 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 12th and Central - Hotel Central
(If rural, give location)

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

If yes, name country Phillipine Islands

3. (a) PRINT FULL NAME Esteban Steve-Valdez

3. (b) If veteran, name war no

3. (c) Social Security No. 495-10-7868

4. Sex male

5. Color or race yellow

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

6. (b) Name of husband or wife no

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

7. Birth date of deceased April (Month) 5 (Day) 1900 (Year)

8. AGE: Years 45 Months 0 Days 14 If less than one day ✓ hr. ✓ min.

9. Birthplace (City, town, or county) Phillipine Islands (State or foreign country)

10. Usual occupation Bus Boy

11. Industry or business Jones Store Co

FATHER
12. Name Hilario Valdez
13. Birthplace (City, town, or county) Phillipine Is. (State or foreign country)

MOTHER
14. Maiden name Juana Peralto
15. Birthplace (City, town, or county) Phillipine Isl (State or foreign country)

16. (a) Informant K.C.T.B. Hospital

(b) Address Leeds - Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-45 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary Cem.

18. (a) Signature of funeral director A. P. Doehler

(b) Address 1415 East 15

19. (a) 4-20-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th year 1945 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from May 14 1942 to April 19 1945 that I last saw him alive on April 19 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis onset March 1942	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13	
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)

(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 D. L. Coffman (M. D. or other) M.D.

Address K.C.T.B. Hosp. Kansas City Mo Date signed 4-19-45

(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.....A P Doehler

Licensed Embalmer No.....1166

P. O. Address.....1415 East 15

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.