

V. S. No. 2  
 FORM-5-43  
 Rev. 5-17-39  
 I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **15863**  
 Registrar's No. **2374**

FILED JUN 11 1945  
 Registration District No. **779**

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**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Osteopathic Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **21 Days**  
(Specify whether 21 Days years, months or days)

**3. (a) PRINT FULL NAME** **Raymon Garra**  
**3. (b) If veteran,** **No** **3. (c) Social Security** **No**  
name war No.

**4. Sex** **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Single**  
**6. (b) Name of husband or wife** **6. (c) Age of husband or wife if alive** **1928** years  
**7. Birth date of deceased** **9** **14** **1928**  
(Month) (Day) (Year)

**8. AGE:** Years **16** Months **8** Days **17** If less than one day **hr.** **min.**

**9. Birthplace** **Marceline** **Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **None**

**11. Industry or business** **Domingo Garra**

MOTHER FATHER

**12. Name** **Domingo Garra**  
**13. Birthplace** **Mexico**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **María Larra**  
**15. Birthplace** **Mexico**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mr. Domingo Garra**  
**(b) Address** **Marceline, Missouri**  
**17. (a) Removal** **(b) Date thereof** **6-2-1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **El Paso Texas**  
**18. (a) Signature of funeral director** **Mrs. C.L. Forster**  
**(b) Address** **Kansas City, Missouri**  
**19. (a) 6-2-45** **(b) Geraldine Holms**  
(Date received local Registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **58**  
 (c) City or town **Marceline**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **P.O. Box 175**  
(If rural, give location)  
 (e) Citizen of foreign country? **1** (Yes or No)  
 If yes, name country.....

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **June** day **1**  
 year **1945** hour **3** minute **46 A.M.**  
**21. I hereby certify that I attended the deceased from** **May**  
**10**, 19**45**, to **June 10**, 19**45**  
 that I last saw him alive on **May 31**, 19**45**  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Right-sided lobes pneumonia (all 3 lobes)**  
 Due to.....  
**14**

Duration

**60 hrs.**

Other conditions.....  
(Include pregnancy within 3 months of death)  
**meningitis (tubercular)**  
 Major findings:  
 Of operations.....  
 Of autopsy.....

**5 days.**

**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?.....

While at work?.....  
(Specify type of place) (e) Means of injury  
**Charles K. Smith**  
**2105 Indep. Ave., K.C. Mo** Date signed **6/1/45**

Raymond Serra  
Death Certificate

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. 3414

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.