U. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19947

FILED JUL 7 1945

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 702

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether years, months or days) In this community 18 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan
(c) City or town Wathena (If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Mexico

3. (a) PRINT FULL NAME Maria Miranda Zaragoza

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race Mexican

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

6. (b) Name of husband or wife Genaro Zaragoza

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August (Month) 15 (Day) 1902 (Year)

8. AGE: Years 42 | Months 11 | Days 5 | If less than one day ... hr. ... min.

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

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Unknown Miranda
13. Birthplace Mexico 3 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace Mexico 3 (City, town, or county) (State or foreign country)

16. (a) Informant Genaro Zaragoza
(b) Address Wathena, Kansas.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-1-45 (Month) (Day) (Year)
(c) Place: burial or cremation Wathena, Kans

18. (a) Signature of funeral director Clark Mortuary
(b) Address 502 S King Hill Ave. St Joseph, Mo

19. (a) 7-1-45 (Date received local registrar) (b) Robert M Fields (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1945 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 27th, 1945, to June 30th, 1945; that I last saw her alive on June 29th, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Embolism, Pulmonary	2 hours
Due to: following Operation for gallstones	15 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy None

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 John D Edwards (M. D. or other)
Address Wathena, Kansas Date signed 7-2-45

1377

(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. L. Dodds

Licensed Embalmer No. No. 2023

P. O. Address Wathena Kans.

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.