S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20344

FILED JUN 29 1945

Registration District No. 128 Primary Registration District No. 5466 Registrar's No. 475

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Rural - S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days (Specify whether years, months or days)
In this community 26 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Arizona (b) County: Coconino

(c) City or town: Flagstaff (Rural ?)
(If outside city or town limits, write "RURAL")

(d) Street No.: P.O. Box 1357.
(If rural, give location)

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

3. (a) PRINT FULL NAME: JARAMILLO, Jose

3. (b) If veteran, name war: UNK.

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: Mexican

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

6. (b) Name of husband or wife: Mrs. Refugia Rivera Jaramillo

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

7. Birth date of deceased: Unknown (Month) UNK. (Day) 1877 (?) (Year)

8. AGE: Years 68 Months UNK Days UNK If less than one day ____ hr. ____ min.

9. Birthplace: Albuquerque (City, town, or county) New Mexico (State or foreign country)

10. Usual occupation: Stone Mason

11. Industry or business:

MOTHER FATHER

12. Name: Placido Jaramillo

13. Birthplace: Albuquerque (City, town, or county) New Mexico (State or foreign country)

14. Maiden name: Guadalupe ? ~~Jaramillo~~ UNK.

15. Birthplace: Albuquerque (City, town, or county) New Mexico (State or foreign country)

16. (a) Informant: File,

(b) Address: M C F P

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: June 13, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Flagstaff, Ariz.

18. (a) Signature of funeral director: Fred C. Thieme

(b) Address: 1100 Boonville Ave., Sprd. Mo.

19. (a) 6-12-45 (Date received local registrar) (b) O. W. E. Hadley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1945 hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from May 15, 1945, to June 10, 1945; that I last saw him alive on June 10, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral broncho-pneumonia (terminal) — Duration: 4 days

Due to: Benign prostatic hypertrophy with uremia — Duration: over 4 mos. 3 weeks

Due to: 137a

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

Major findings of operation:

Of autopsy: Bilateral bronchopneumonia, hypertrophy of prostate, hydronephrosis and chronic cystitis

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)

(e) While at work? (f) Means of injury: 0

23. Signature: E. W. Moulard (M. D.)

Address: MEDICAL CENTER FOR FEDERAL PRISONERS, SPRINGFIELD, MISSOURI. Date signed: 6-12-45

(Licensed Embalmer's Statement, if any)

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 Fred C Phelps

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.