

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

State File No.

FILED DEC 12 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
2116 Holly Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 years (Specify whether years, months or days)

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. 2116 Holly Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Belgium

3. (a) PRINT FULL NAME Gregory Valadez

3. (b) If veteran, name war No 3. (c) Social Security No. 709-12-708

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Aloria Valadez 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 8th 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>20</u>	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Joaquin Valadez
13. Birthplace Texas (City, town, or county) (State or foreign country)
14. Maiden name Natividad Davila
15. Birthplace Texas (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Gregory Valadez Jr.

(b) Address 2116 Holly St. K.C. Mo.

17. (a) Burial (b) Date thereof 12-1-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary K.C. Kan.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place: K.C. Mo.

19. (a) 11-30-45 (b) Gerardine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
year 1945 hour 3:50 PM minute M.

21. I hereby certify that I attended the deceased from Oct 15
1945, to Nov 28, 1945;
that I last saw him alive on Nov 27, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death uremic poison
chronic nephritis
Due to chronic nephritis and tubercular nephritis
Due to Carcinoma of stomach pyloric end of pyloric end
Other conditions sinusitis
(Include pregnancy within 3 months of death)

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

Major findings:
Of operations 11/15
Of autopsy yes

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 2

23. Signature [Signature] (M. D. or other) [Signature]
Address 2748 Charlotte Date signed 11/27/45

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

46
3
8

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.....

Blaine E. Weelert

Licensed Embalmer No..... *4075*.....

P. O. Address..... *K.C. 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.