

S. No. 2
M-5-43
7-5-17-39
p I X3667

Registration District No. **JAN 9 1946** 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:
2315 Madison Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME LOUIS HERNANDEZ
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Hernandez
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Sept. 15 1891
(Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 7
If less than one day hr. min.

9. Birthplace Mexico (City, town, or county) (State or foreign country)
10. Usual occupation Laborer

11. Industry or business
MOTHER FATHER { 12. Name Louis Hernandez
13. Birthplace Mexico (City, town, or county) (State or foreign country)
14. Maiden name Mary Suarez
15. Birthplace Mexico (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose Hernandez
(b) Address 2315 Madison St. K.C. Mo.
17. (a) Burial (b) Date thereof 12-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys
18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place K.C. Mo.
19. (a) 12-22-45 (b) Shealdine Wilson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson **48**
(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")
(d) Street No. 2315 Madison Street **8**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 22
year 1945 hour 12:10 A.M. minute _____ M.
21. I hereby certify that I attended the deceased from Jan 5 1944 to Dec 27 1945
that I last saw h. in a live on Dec 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia 7 1/2
secondary to toxia
due to
Tertiary Syphilis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations 302
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?
While at work? (Specify type of place) (c) Means of injury DM
23. Signature Shealdine Wilson
Address 2045 Broadway Date signed 12-22/45

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. Walcott

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.