DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1149

Registration District No. 44 Primary Registration District No. 1002 Registrar's No. 5408

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: General Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community None

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2006 Penn. 8
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Baby Amador
3. (b) If veteran, name war -- no
3. (c) Social Security No. none
4. Sex Female
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 years
7. Birth date of deceased 12 (Month) 23 (Day) 45 (Year)
8. AGE: Years -- Months -- Days -- If less than one day 1 hr. -- min.
9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country) 11
10. Usual occupation -- infant
11. Industry or business --
FATHER 12. Name Samuel Amador
13. Birthplace Chouhulia (City, town, or county) Mexico (State or foreign country) 8
MOTHER 14. Maiden name Marcelina Estrada
15. Birthplace Winfield (City, town, or county) Kansas (State or foreign country) 1
16. (a) Informant Samuel Amador
(b) Address 2006 Penn. K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor K. C. Mo.
19. (a) 12-29-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23 year 1945 hour 1:15 minute a M.
21. I hereby certify that I attended the deceased from Birth, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis
Due to Premature (7 months)
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy no

Duration: 159

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 [illegible] (M. D. or other)
Address [illegible] Date signed 12-29-45

(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. Blaine E. Weilert

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.