

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8638

State File No. _____

Registrar's No. 369

FILED APR 21 1946

Registration District No. _____

Primary Registration District No. 1000

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: Enroute to Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution * (Specify whether)
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME Manuel Zaragoza

3. (b) If veteran, name war World War #2 (c) Social Security No. could not obtain

4. Sex Male 5. Color or race Mexican 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive * years

7. Birth date of deceased May 10 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 10 19 hr. min.

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

10. Usual occupation Employed on Farm

11. Industry or business None

12. Name Genaro Zaragoza

13. Birthplace Unknown Mexico
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mirando

15. Birthplace Unknown Mexico
(City, town, or county) (State or foreign country)

16. (a) Informant Genaro Zaragoza

(b) Address Wathena, Kansas

17. (a) Removal (b) Date thereof Mar. 29, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wathena, Kansas

18. (a) Signature of funeral director Herman W. Sidenfaden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) April 1, 1946 (b) H. J. Nestlebusch
(Date received local registrar) (Registrar's signature)

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. Unknown
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country *

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1946 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 29th to 1946

that I last saw him alive on March 29th and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received in a fight

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (Specify) Homicide

(b) Date of occurrence March 29th 1946

(c) Where did injury occur? Buchanan County Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? No (Specify type of place) (e) Means of injury Knife

23. Signature B. W. Tacke (M. D. or other)

Address St. Joseph, Mo. Date signed 3/31/46

JUN 18 1946

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

Elmer Thomas

Licensed Embalmer No.

2640

P. O. Address

St. Joseph 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.