S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13045

FILED MAY 13 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1982

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

11951

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: Polyclinic Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 5 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town 2313 Jarboe Street:K.C. Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2313 Jarboe 8
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No) 0
If yes, name country Mexico

3. (a) PRINT FULL NAME Joel Villanueva Bobadilla

3. (b) If veteran, name war None

3. (c) Social Security No. 724-12-9440

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Anna Marie Bobadilla

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Oct. (Month) 27 (Day) 1911 (Year)

8. AGE: Years 34 Months 65 Days 29 If less than one day ___ hr. ___ min.

9. Birthplace Mexico (City, town, or county) 3 (State or foreign country)

10. Usual occupation Resturant Worker

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Marie Bobadilla
(b) Address 2313 Jarboe St. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City, Missouri

19. (a) 4-30-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1946 hour 11 minute 30 p. M.

21. I hereby certify that I attended the deceased from April 25, 1946 to April 26, 1946 that I last saw him alive on April 26, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation. — Duration

Due to

Due to 121.2

Other conditions Acute Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations Appendectomy with shock.
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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature Dr. R. Nelson Soto (M.D. or other) D.O.
Address 2301 Summit St. Date signed 4-30-46

(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. Walert

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.