

S. No. 2
DM-5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16380

FILED MAY 29 1946

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 403

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town SOUTH CAMPBELL TWP, RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: U.S. Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months 12 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County Los Angeles

(c) City or town Los Angeles
(If outside city or town limits, write "RURAL")

(d) Street No. 240 South Figueroa
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Mexico

3. (a) PRINT FULL NAME Jose Frausto MACIAS #5532-H

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1946 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from February 28,
1946, to May 10, 1946;
that I last saw him alive on May 10, 1946;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race Mexican

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

6. (b) Name of husband or wife UNK.

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

7. Birth date of deceased March 1919 1940
(Month) (Day) (Year)

Immediate cause of death Tuberculosis, pulmonary, bilateral, with cavitation on right.

Duration Approx. 1 year.

8. AGE: Years Months Days If less than one day

46 1 21 hr. 2 min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

9. Birthplace Encarnacion de Diaz Jalisco, Mexico
(City, town, or county) (State or foreign country)

Of autopsy Tuberculosis - lungs. Massive pulmonary hemorrhage, right lower lobe.

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? _____

10. Usual occupation Miner

11. Industry or business Mining

MOTHER FATHER {

12. Name Leonires Macias

13. Birthplace UNK. Mexico? 3
(City, town, or county) (State or foreign country)

14. Maiden name Victoriana (?) Macias

15. Birthplace UNK. Mexico 2
(City, town, or county) (State or foreign country)

23. Signature E. W. Moreland (M. D. No. 0)
Address U.S. Medical Center Date signed 5/10/46

16. (a) Informant File

(b) Address MCFP

17. (a) Removal (b) Date thereof May 11, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Los Angeles, California.

18. (a) Signature of funeral director Fred C. Thione

(b) Address Springfield, Mo.

19. (a) 5-11-46 (b) E. W. Moreland
(Date received local registrar) (Registrar's signature)

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

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..... *Ralph H. Hein*

Licensed Embalmer No. *3681*

P. O. Address: *Springfield, 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.