

**FILED JUN 10 1946**  
Registration District No. **149**

Primary Registration District No. **1002**

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:  
**K.C. General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **3 days**  
(Specify whether years, months or days)  
 In this community **20 years**

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2319 Holly**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Joe Palacios**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **494-12-6905**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **May** day **31st**  
 year **1946** hour **12** minute **01 P.** M.

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Espeaction Palacios**  
 6. (c) Age of husband or wife if alive **45** years  
 7. Birth date of deceased **Mar. 17 1900**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **5-28-46** 19... to **5-31-46** 19...  
 that I last saw him alive on **5-31-46** 19...  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>46</b>	<b>2</b>	<b>14</b>	hr. _____ min. _____

Immediate cause of death **Lobar pneumonia**  
 Duration \_\_\_\_\_

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

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name **Aranacio Palacios**  
 13. Birthplace **Mexico**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Julia Vargas**  
 15. Birthplace **Mexico**  
(City, town, or county) (State or foreign country)

Major findings: Of operations **108**  
 Of autopsy **See above**  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Espeaction Palacios**  
 (b) Address **2319 Holly St. K.C. Mo.**  
 17. (a) **Burial** (b) Date thereof **5-1-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Mapel Hill Cemetery**

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? **K.C.M.**

18. (a) Signature of funeral director **Weilert Funeral Home**  
 (b) Address **Kansas City, Missouri**  
 19. (a) **6-1-46** (b) **Sheraldine Holmes**  
(Date received local registrar) (Registrar's signature)

23. Signature **Wm W. Hart** (M. D. or other) \_\_\_\_\_  
 Address **Med. Dir. K.C. Gen. Hosp. K.C. Mo.** Date signed **6-1-46**

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

MOTHER FATHER

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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. Weibert*

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.**