S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20462

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2651

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: 2311 Monotor Pl. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 15 yrs (years, months or days)

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. 2311 Monotor Pl 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 SACRAMENTO QUINTERO

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5

5. Color or race Mex

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

6. (b) Name of husband or wife unk

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

7. Birth date of deceased June 1st 1873 (Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 13 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Manuel Quintero 3
13. Birthplace Mexico (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 4
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Apolinio Quintero

(b) Address 2311 Monotor Pl

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-46 (Month) (Day) (Year)

(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director Peter A. Kaufman

(b) Address KCMo

19. (a) 6-15-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Mar 15, 1945 to June 14, 1946 that I last saw her alive on June 13, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar pneumonia	2da
Due to: Hypertension	
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1 08	
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

23. Signature J. E. Barker (M. D. or other)

Address 626 Minnesota Ave K.C. Kans Date signed June 14 '46

(Licensed Embalmer's Statement on Reverse Side)

Dr Barker
626 Minnesota Ave
KCK
Dr 3929

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 Peter B Logstein

Licensed Embalmer No. 4273

P. O. Address KC

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.