V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23484

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3305

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: 1106 Admiral Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 21 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 1106 Admiral Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Margurite G. Ascensio

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Joseph Ascensio

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

7. Birth date of deceased Feb. (Month) 22 (Day) 1889 (Year)

8. AGE: Years 57 Months 5 Days 8 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Marcelino Gonzalez
13. Birthplace Mexico (City, town, or county) 2 (State or foreign country)

MOTHER
14. Maiden name Refugio (Unknown)
15. Birthplace Mexico (City, town, or county) 3 (State or foreign country)

16. (a) Informant Mrs. Lupe Cervantes

(b) Address 1106 Admiral Blvd. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-46 (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address Kansas City, Missouri

19. (a) 7-31-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1946 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from 7/29/46, 19.., to Death, 19..; that I last saw her alive on 7/29/46, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Osteo Arthritis — Duration 5-6 yrs

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 59 b

Major findings:
Of operations .....
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 R H Dunham M.D. (M.D. or other)

Address N.K.C. Mo. Date signed 7/31/46

(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. Weilert

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.