

S. No. 2
DM-2-43
v. 5-17-39
P. I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23603**
3011
Registrar's No. _____

Registration District No. _____
FILED JUL 31 1946

Primary Registration District No. **1002**

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

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:
2137 Belleview Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **35 years** years, months or days)

3. (a) PRINT FULL NAME **FELIX GALLEGOS**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct. 28 1859**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 8 12 hr. min.

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

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Felix Gallegos**
13. Birthplace **Mexico** (City, town, or county) (State or foreign country)
14. Maiden name **Leonitis Sandoval**
15. Birthplace **Mexico** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. John Gallegos**
(b) Address **2123 Belleview Avenue**

17. (a) **Burial** (b) Date thereof **7-11-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Calvary: K.C. Kan.**

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

19. (a) **7-10-46** (b) **Seraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **2137 Belleview Avenue** **8**
(If rural, give location)
(e) Citizen of foreign country? **Yes** (Yes or No)
If yes, name country **Mexico**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **10**
year **46** hour **1** minute **15** M.

21. I hereby certify that I attended the deceased from **7/9/46** to **7/10/46**
that I last saw him alive on **7/7/46** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis of Heart** Duration _____

Due to _____
Due to **Coronary Thrombosis**

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

Major findings: Of operations _____
Of autopsy **no**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. J. Thompson** D. Osenton
Address **115 12th St** Date signed **7/10/46**

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. Weckert*.....

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.