S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33547

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 4537

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: 1400 Beardsley Road 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 33 Years
years, months or days)

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. 548½ Main Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Clifford Ramirez Gomez
3. (b) If veteran, name war: None
3. (c) Social Security No. 496-09-0354
4. Sex: Male 5
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Dec. (Month) 4 (Day) 1907 (Year)

8. AGE: Years 38 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace: Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: Cook
11. Industry or business:

MOTHER FATHER
12. Name: Carmen Gomez
13. Birthplace: Mexico (City, town, or county) (State or foreign country) 3
14. Maiden name: Petra Ramirez
15. Birthplace: Mexico (City, town, or county) (State or foreign country) 3

16. (a) Informant: John R. Gomez
(b) Address: 1834 Broadway St. K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-29-46 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Marys Cemetery
18. (a) Signature of funeral director: Weilert Funeral Home
(b) Address: Kansas City, Mo.
19. (a) 10-29-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27th year 1946 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death: Deputy Coroner Duration
Cause of death
Due to: unknown.
Due to:
Other conditions:
(Include pregnancy within 3 months of death) 200 a
Major findings:
Of operations:
Of autopsy: History & Inspection

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 0
23. Signature: W E Upsher M.D.
Address: 2800 Main Date signed: 10-28-46

(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. 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.