

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5101

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:
3823 Locust
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
(Specify whether
 In this community 19 years
years, months or days)

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. 3823 Locust
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

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3. (a) PRINT FULL NAME Sr. Marie Lina de Sion Clemencia Cordoba
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 4
 year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 10-1-46
 _____, 19____, to 12-4-46, 19____;
 that I last saw her alive on 12-3-46, 19____;
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased November 20, 1904
(Month) (Day) (Year)

Immediate cause of death
Chronic glomerulo-
nephritis
 Duration _____

8. AGE: Years 42 Months 0 Days 14
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Cartago Costa Rica
(City, town, or county) (State or foreign country)

Other conditions no
(Include pregnancy within 3 months of death)

10. Usual occupation Sister

Major findings:
 Of operations no
 Of autopsy no

11. Industry or business French Inst. Notre Dame De Sion
 12. Name Gustavo Cordoba
 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Esperanza Elizondo
 15. Birthplace unknown
(City, town, or county) (State or foreign country)

PHYSICIAN

 Underline the cause to which death should be charged statistically.

16. (a) Informant Institute Records
 (b) Address 3823 Locust, K. C., Mo.
 17. (a) Burial (b) Date thereof 12-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mary's 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?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

18. (a) Signature of funeral director Melody-McGilley-Eylar
 (b) Address Kansas City, Missouri
 19. (a) 12-5-46 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature Graham Owens (M. D. or other) _____
 Address 908 Grand W.C. Mo. Date signed 12-5-46

Dr. Graham Owens
Rialto Bldg.
after 10:00

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.....

Mother Superior requested no embalming and....., Registered Apprentice No.....
working under my personal supervision. the body was not embalmed.

Signed Russell M. Fran

Licensed Embalmer No. 425

P. O. Address K. C. 7

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.