

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20940
State File No. _____
Registrar's No. 2792

Registration District No. 149

Primary Registration District No. 1002

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: 512 Woodland Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
In this community 40 Years (Specify whether 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. 512 Woodland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Guy Francisco

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maude Francisco
6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: 9 1 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 28 hr. min.

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

10. Usual occupation Retired, Building Contractor

11. Industry or business _____

12. Name Julian Francisco

13. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name Kimball
(City, town, or county) (State or foreign country)

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Felix L. Francisco

(b) Address 4506 Jefferson

17. (a) Burial (b) Date thereof 7-1-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signaturé of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 7-1-47 (b) Maldine Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1947 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 24
1947 to June 28 1947
and that death occurred on the date and hour stated above.

that I last saw him alive on June 28 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Senility

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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)
Means of injury 2

23. Signature CB Pector (M. D. or other)

Address 1204 p... Date signed 7/30/47

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

MOTHER FATHER

Ja 4211

10-11-1-7 PM

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.....

Jerry A. Minor....., Registered Apprentice No. *437*,
working under my personal supervision.

Signed *Portland Minor*.....

Licensed Embalmer No. *3414*.....

P. O. Address *918 Brooklyn*.....

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.