. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38418

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4743

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: St Joseph Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 27 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 536 Holmes
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Mexico 0

3. (a) PRINT FULL NAME Mrs. Pilar Servin

3. (b) If veteran, name war — no

3. (c) Social Security No. none

4. Sex Female 5

5. Color or race Mex

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Petronilo Servin

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Oct 12 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 0 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Antonio Fernandez
13. Birthplace Mexico 3
(City, town, or county) (State or foreign country)

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

16. (a) Informant Carmen Servin
(b) Address 536 Holmes

17. (a) Burial (b) Date thereof 11/14-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director [illegible]
(b) Address KC Mo

19. (a) 11-13-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12th
year 1947 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 11 3 1947 to 11-12 1947
that I last saw her alive on 11-11- 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute cardiac failure	30 min
Due to Carcinoma of pelvic organs: origin undetermined	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death) 5	

Major findings:
Of operations as above
Of autopsy

PHYSICIAN
Underline the cause of 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 Thos. C. McHale (M.D. or other)
Address 4620 Indep. Ave Date signed 11-12-47

Jefferson City Printing Co. (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.....

Licensed Embalmer No. 4773

P. O. Address KCMo

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.