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147
7-39

8883

State File No.

FILED APR 12 1948

Registration District No. 149

Primary Registration District No. 1003

Registrar's No. 1332

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 Lakeside Hosp O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether 30 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

(c) City or town Kansas City 999
(If outside city or town limits, write "RURAL")

(d) Street No. 42nd Santa Fe tracks 14
(If rural, give location)

(e) Citizen of foreign country? Unknown (Yes or No) 0
If yes, name country 2

3. (a) PRINT FULL NAME Mrs Juanita Rangel

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race Mex

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

6. (b) Name of husband or wife Frank Rangel

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62 0 19 . . . min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Michael Madrigal

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

14. Maiden name unknown

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

16. (a) Informant Frank Rangel

(b) Address 42nd Santa Fe tracks

17. (a) removal (b) Date thereof 3-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem H-C.R.

18. (a) Signature of funeral director Simmons

(b) Address 1404 80 37 N.C. R.

19. (a) 3-26-48 (b) Beraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1948 hour Ten minute 45 P. M.

21. I hereby certify that I attended the deceased from 3-23-48, 1948, to 3-25- 1948, that I last saw her alive on 3-25, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Broncho Pneumonia
Active Tuberculosis pulmonary

Due to.....

Due to.....

Other conditions None
(Includes pregnancy within 6 months of death)

Major findings:
Of operations 136

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?.....

While at work?..... (Specify type of place) (e) Means of injury 2

23. Signature Kendall P Blair (M. D. or other) DB

Address 2045 Broadway R.C.M. Date signed 3-26-48

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

MOTHER FATHER

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 _____

H H Simmons

Licensed Embalmer No. 3903

P. O. Address KC 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.