

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED APR 17 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 112871

Registrar's No. 1296

Primary Registration District No. 1002

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

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.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 33 yrs
years, months or days)

3. (a) PRINT FULL NAME Mrs Maria Saucedo

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 Lauro Saucedo 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased April 29 1892
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 28 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name Leonado Rangel
13. Birthplace Mexico
(City, town, or county) (State or foreign country)
14. Maiden name Isabell Reuiz
15. Birthplace Mexico
(City, town, or county) (State or foreign country)

16. (a) Informant L Saucedo
(b) Address 1429 So 25 - K C Mo
17. (a) removal (b) Date thereof 3-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem. K-C Mo.

18. (a) Signature of funeral director Simmons

(b) Address 1404 So 37, K.C. Mo.

19. (a) 3-30-48 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1429 So. 25 st.
(If rural, give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27
year 1948 hour 9 - minute 10 A.M.

21. I hereby certify that I attended the deceased from 3-25 - 1948 to 3-27 - 1948
that I last saw her alive on 3-27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Failure
Terminal Pneumonia
Diabetic Coma
Rheumatic Fever
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations W
Of autopsy
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) (Country) (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

23. Signature Kendall P Blair (M. D. or other) DO
Address 2045 Broadway Date signed 3-20-48

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 Ks

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.