FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18756

FILED JUL 10 1948

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 718

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution: two weeks (Specify whether
In this community: 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL") 1
(d) Street No.: 2604 So. 13th St. (If rural, give location) 7 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ANTONIO LLANAS
3. (b) If veteran, name war: None
3. (c) Social Security No.: 500-07-1914

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: May
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: June (Month) 13, (Day) 1896 (Year)

8. AGE: 1

Years	Months	Days	If less than one day
52	0	21	hr. min.

9. Birthplace: Las Vegas, (City, town, or county) New Mexico (State or foreign country) 1
10. Usual occupation: Section Laborer
11. Industry or business: C.B. & Q. R.R.

FATHER
12. Name: Tober Llanas 9
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name: Antonia Lopez
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: May Llanas (wife)
(b) Address: 2604 So. 13th St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: John E. Kupp
(b) Address: 6054 Pryor Ave., City
19. (a) July 9, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4, year 1948 hour 3 minute :30 P.M.

21. I hereby certify that I attended the deceased from June 19 - 1948 to July 4 1948 that I last saw him alive on July 4th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of gall bladder + pancreas

Due to:

Due to:

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

Major findings: Of operations: Carcinoma of gall bladder and pancreas

Of autopsy:

Duration: no facts probably 2-3 yrs

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: Paul Forgrave (M.D. ~~or other~~)
Address: St Joseph, Mo Date signed: 7-7-48

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 Randal R. Stade, Registered Apprentice No. 213 working under my personal supervision.

Signed John E. Cupp Jr.

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.