FILED OCT 6 1948

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31761

Do not use this space.

1. PLACE OF DEATH
(a) County Stoddard — Registration District No. 340
(b) Township Elk Twp — Primary Registration District No. 6151 — Registered No. 58
(c) or City Trail Back — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. 6 mos. 9 ds.

2. PRINT FULL NAME LIDIA RAMON
(a) Residence, No. Trail Back Mo. St. ☐ Transient
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.S. — 4. COLOR OR RACE Mexican — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child 0

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13-48

7. AGE — YEARS — MONTHS 6 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Springs Ill.

FATHER
13. NAME Pedro Ramon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Christa Garcia
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) Leonardo Sandoval Essex Mo Rt. I

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Como Mo. DATE 9/22 1948

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Fun Service Parma Mo

20. FILED 10-1-48, 19 Velma V. Jenkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/21, 1948

22. I HEREBY CERTIFY, That I attended deceased from 9-21-48, 19..., to 9-21-48, 19...
I last saw h— alive on 9-21-48, 19... Death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Colitis	

Other contributory causes of importance:

1190

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H. Filber DO, M.D.
(Address) Parma Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16605

RECEIVED
District Health Office No. 2
District File Number 10-48-1283
Date Filed 10-5-48

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.