No. 300
-10-47
-17-39
T 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36741

Registrar's No. 4683

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:
Kansas City General Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hours (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 2122 Mercier Street
(If rural, give location)

(e) Citizen of foreign country? Unknown (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Crisoforo Matos

3. (b) If veteran, name war None

3. (c) Social Security No. 510-07-2831

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Conception Matos

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

7. Birth date of deceased April (Month) 20 (Day) 1887 (Year)

8. AGE: Years 61 Months 6 Days ~~25~~ 24 If less than one day hr. min.

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

10. Usual occupation Track Laborer

11. Industry or business K. C. Terminal R. R.

FATHER
12. Name Regino Matos
13. Birthplace Mexico (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Veliciana Michaocan
15. Birthplace Mexico (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Conception Matos
(b) Address 2122 Mercier St. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place K.C. Mo.

19. (a) 11-16-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th
year 1948 hour 3:40 AM minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock
Skull Fracture

Due to Injury By Fall

Due to

Other conditions alcoholism acute
(Include pregnancy within 3 months of death)

Deputy Coroner

Major findings:
Of operations

Of autopsy See Above

Duration

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) Accident 123

(b) Date of occurrence 11/14/48

(c) Where did injury occur? Kansas City Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
A. E. Upsher
(Specify type of place)

While at work? No (e) Means of injury Trauma

23. Signature A. E. Upsher (M. D. or other) Mo

Address 2800 Main Date signed 11/15/48

(Licensed Embalmer's Statement on Reverse Side)

MAR 28 1949

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 Blaine E. Weber

Licensed Embalmer No. 4075

P. O. Address K.C. 8, 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.