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FILED NOV 16 1948

State File No. _____

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 4344

1. PLACE OF DEATH:

(a) County Missouri

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Northeast Restorium: 3240 Norledge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 months
(Specify whether
In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 716 Euclid
(If rural, give location)

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

3: (a) PRINT FULL NAME Ramon Suarez

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Marie Suarez

6. (c) Age of husband or wife if alive 93 years

7. Birth date of deceased Aug. 30 1858
(Month) (Day) (Year)

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

90 1 22 hr. 3 min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Cosme Suarez

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

14. Maiden name Mary Hernandez

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

16. (a) Informant Mr. Joseph Suarez

(b) Address 716 Euclid Ave; K. C. Mo.

17. (a) Burial (b) Date thereof 10-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place; K.C. Mo.

19. (a) 10-25-48 (b) M. Maldine Holman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from June
1948 to 10-22, 1948
that I last saw him alive on 10-22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory failure
Due to anemia of circulatory
collapse
and spinal
Chronic myocardial failure

Other conditions myocarditis + nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 93%

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) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

H. J. Mc Anally (Specify type of place)
While at work? _____ (c) Means of injury fall

23. Signature H. J. Mc Anally (M. D. or other) _____
Address 2332 Monitor Pl. K.C. Mo. Date signed 10-25-48

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

MOTHER FATHER

*Helen Mciner
Ha. 290*

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. Willett*

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.