

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5443
Do not use this space.

REC'D MAR 9 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1002 Registered No. 642
 (c) City Kansas City (d) Street No. Mercy Hospital 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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1110 Eli Garcia St. Courtney, Mo.
 (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 Male 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1-1938

7. AGE YEARS 0 MONTHS 2 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 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) Courtney 0
 (STATE OR COUNTRY) Missouri 3

13. NAME Gabriel Garcia 1

14. BIRTHPLACE (CITY OR TOWN) Mexico
 (STATE OR COUNTRY)

15. MAIDEN NAME Evelina Villagan

16. BIRTHPLACE (CITY OR TOWN) El Paso
 (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) Gabriel Garcia
Courtney

18. BURIAL, CREMATION, OR REMOVAL PLACE Courtney DATE Feb 15 1939

19. FUNERAL DIRECTOR (NAME) Shapcharson
 (ADDRESS) Independence mo

20. FILED 2/15 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1939 to Feb 14 1939.

I last saw him alive on Feb 14 1939. Death is said to have occurred on the date above, at 8 A.M.
 The principal cause of death and related causes of importance were as follows:

Pressure on
prostate
Date of onset

Other contributory causes of importance:
congenital
head disease

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) B. J. Solubars
 (Address) 5017 W. Gardner

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.

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 comply with the above constitutes grounds for revocation of license.)

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