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.

ISSUED SEP 6 1939

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

28412
Do not use this space.

1. PLACE OF DEATH

(a) County: Jackson 9 — Registration District No.: 399

(b) Township: Kaw 1 — Primary Registration District No.: 1002 — Registered No.: 3414

(c) City: Kansas City, Mo. — (d) Street No.: 2315 Jarboe street 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2½

2. PRINT FULL NAME Gloria Escobedo

(a) Residence, No. 2315 Jarboe St.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Patrick Escobedo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 14, 1890.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	7	15	

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.: Housewife

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): Mexico

FATHER

13. NAME: Pablo Velasquez

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

MOTHER

15. MAIDEN NAME: Corona Epimenia

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mexico

17. INFORMANT (ADDRESS): Jesse Acosta 2315 Jarboe

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Marys DATE: Sept. 1, 1939

19. FUNERAL DIRECTOR (NAME): Weilert Funeral Home
(ADDRESS): 2332 Monitor Place

20. FILED 8/31 1939 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1939, to Aug 29, 1939
I last saw h~~er~~ alive on Aug 29, 1939 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 28/39
24 Hr	

Other contributory causes of importance:

Name of operation: None Date of: X
What test confirmed diagnosis? Clinical Was there an autopsy? No

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Nicholas Lainer M. D.
(Address) 2045 Broadway K. C. Mo.

(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, ...

B. Elliott, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Blaine E. Weiler

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor Pl. K

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

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