No. 2
3-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17227

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1889

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: 2144 Mercier St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 5
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No.: 2144 Mercier
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Jose P. Quintero
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Male ✓
5. Color or race: White
6. (a) Single, widowed, married, divorced: ()
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: May (Month) 12, (Day) 1941 (Year)

8. AGE: Years ____ Months ____ Days 1 If less than one day ____ hr. ____ min.

9. Birthplace: Kansas City (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation: Infant
11. Industry or business ____
MOTHER FATHER
12. Name: Apolonio Quintero
13. Birthplace: Zacatecas, (City, town, or county) 3 Mexico (State or foreign country)
14. Maiden name: Carmen Alvarez
15. Birthplace: (City, town, or county) 3 Mexico (State or foreign country)
16. (a) Informant: Apolonio Quintero
(b) Address: 2144 Mercier St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 14, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Saint Marys
18. (a) Signature of funeral director: Wailert Funeral Home
(b) Address: 2332 Monitor Pl. K. C. MO.
19. (a) May 13 1941 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 12 year: 1941 hour: 7:50 P.M. minute: 1 A. M.
21. I hereby certify that I attended the deceased from: 12-4-1 7:10 a. m., 1940, to May 12, 1941, that I last saw him alive on May 12, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: failure of foramen ovale to close
Due to: premature
Due to: Premature Pregnancy 9 1/2
Delivery,
Other conditions (Include pregnancy within 3 months of death): 15 7E
Major findings: Of operations: —
Of autopsy: no.
15 7b

Duration: 7 1/2 hrs.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no.
(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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: Chas. F. Wyc Rhodes (M. D. or other)
Address: 506 Ryan Bldg. K. C. Mo. Date signed: May 14-41

(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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Blaine E. Weilent

Licensed Embalmer No.....4075

P. O. Address 2332 Monitor Pla

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

If this body is not embalmed, fact should be so stated above.