S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1060

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 78

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: 2137 Mercier St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 8
(d) Street No. 2137 Mercier Street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EUGENIO ALVAREZ

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Saleda Alvarez
6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept. 20 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Mexico 3
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Geronimo Alvarez
13. Birthplace Mexico 3
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maria Salis
15. Birthplace Mexico 3
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Saleda Alvarez
(b) Address 2137 Mercier St. K.C. Mo.

17. (a) Burial (b) Date thereof 1-9-42
(Burial, cremation, or removal) (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) 1-8-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day Jan
year 1942 hour 8:30 a.m. M.

21. I hereby certify that I attended the deceased from ~~Dec 30 41~~ Dec 30, 1941, to Dec 30, 1941
that I last saw him alive on Dec 30, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis arteriosclerosis — Duration

Due to

Due to

Other conditions 93D
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d
Of autopsy

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) L
(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 0

23. Signature J. E. Barker (M. D. or other)
Address Kansas City Ks Date signed Jan 7 42

(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. Weilert

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor Place

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.