

Rev. 5-17-39
I-219311

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9606
Registrar's No. 1279

FILED APR 25 1942
Registration District No. 379

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Lakeside Hosp 0
(d) Length of stay: In hospital or institution Less than 24 hrs
In this community 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2131 Madison
(e) If foreign born, how long in U. S. A. ? 3 years.

3. (a) PRINT FULL NAME THEODORE FUENTEZ

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 31 year 42

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

21. I hereby certify that I attended the deceased from 11:55 a.m. to 12:12 p.m. that last day he/she was alive on April 12 and his/her death occurred on the date and hour stated above.
Immediate cause of death Acute hemorrhagic bronchopneumonia
Due to Recent appendectomy

4. Sex Male 5. Color Mex 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased April 12 1933

8. AGE: Years 8 Months 11 Days 29 If less than one day 30 hr. 0 min. 0

9. Birthplace Kansas City Mo

10. Usual occupation Child

11. Industry or business None

12. Name Florentino Fuentes

13. Birthplace Mexico

14. Maiden name Juana Jimenez

15. Birthplace Mexico

16. (a) Informant's own signature Joe Suarez

(b) Address 2131 Madison

17. (a) Burial (b) Date thereof 4/3/42

(c) Place: burial or cremation St Marys

Major findings: Of operations None
Of autopsy Yes

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? _____

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

23. Signature W. P. Moore (M. D. or other) _____
Address H. P. Moore Date signed _____

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. 4273

P. O. Address KC 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, above space should be left blank.