

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1913

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: A.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
In this community 23 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joaquina Vargas  
Juergina Devargas

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Genaro Vargas 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased Aug. 15 1899  
(Month) (Day) (Year)

8. AGE: Years 42 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER  
12. Name Unknown 9  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Genaro Vargas

(b) Address 2313 Mercer St.

17. (a) Burial (b) Date thereof 5-16-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Pl. K.C. Mo.

19. (a) May 15, 1942 (b) W. Crown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 2313 Mercer U  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Mexico

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th  
year 1942 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from 5-6-42 19 to 5-13-42 19  
that I last saw her alive on 5-13-42 19  
and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDIAL INSUFFICIENCY

Due to 93E

Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy None

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? (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 (c) Means of injury

23. Signature Amory R. Thow (M. D. or other)  
Address Med. Dir. K.C. Gen. Hospital Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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. Weiler*

Licensed Embalmer No. *4075*

P. O. Address *2332 Monitor Place  
A. L. 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, fact should be so stated above.**