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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 19 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 23266

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2992

**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: 1313 West 23rd Street / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 6 weeks years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3/8

(d) Street No. 1313 West 23rd Street (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME RACHEL ALDACO

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 0 Child

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased June (Month) 22 (Day) 1942 (Year)

8. AGE: Years | Months 1 | Days ~~17~~ 16 | If less than one day ..... hr. ..... min.

9. Birthplace Kansas City, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business .....

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

MOTHER
14. Maiden name Delores Jacebo
15. Birthplace Oklahoma / (City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Aldaco

(b) Address 1313 West 23rd Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 10 (Day) 42 (Year)

(c) Place: burial or cremation Mt. Calvary

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

(b) Address 2332 Monitor Place: K.C. Mo.

19. (a) 8-9-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 8th year 1942 hour 11:50 PM minute ..... M.

21. I hereby certify that I attended the deceased from August 8, 1942 (8:00P.M.), 19..., to 8-8, 1942 that I last saw her alive on August 8, 1942, 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Heart Block | hour |
| Due to Acute Myocarditis | |
| Due to Acute Gastritis 93a | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations .....
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) .....

(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 [signature] (M. D. or other)

Address 2301 Summit Date signed 8.9.42

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(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 Kansas City, 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.**