

FILED JUN 7 1943

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(c) Name of hospital or institution:  
7021 E 7th St. /  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 year 9 months (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME John Olvera  
3. (b) If veteran, name war -- no 3. (c) Social Security No. None

4. Sex Male 4. Color or race Mexican 5. Color or race Mexican  
6. (a) Single, widowed, married, divorced Child  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased Aug. 21, 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 8 23 hr. min.

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

10. Usual occupation child

11. Industry or business --

MOTHER FATHER {  
12. Name Nick Olvera  
13. Birthplace Mexico  
(City, town, or county) (State or foreign country)  
14. Maiden name Lupe Rodriguez  
15. Birthplace Kansas City, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Nick Olvera  
(b) Address 7021 E 7th St. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt St Marys Cemetery

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

(b) Address 13 K.C. Mo.

19. (a) 5-15-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7021 E 7th St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
year 1943 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him Deputy Coroner, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
3 Degree Burns Entire Body  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Inspection and history

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 123  
(b) Date of occurrence May 14, 1943

Where did injury occur Kansas City Jackson Mo.  
(City or town) (County) (State)

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

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury Fire

23. Signature Wesley Walker (M. D. or other) M.D.  
Address 20 W M & Co Date signed 5/14/43

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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..... *John P. Sheel* .....

Licensed Embalmer No. *3625* .....

P. O. Address *K Co 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.**