

U. S. No. 2
00M-2-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17081

State File No. 2249

FILED JUN 7 1943
Registration District No. 2249

Primary Registration District No. 1002

Registrar's No. 2249

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7021 E 7th St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 4 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City,
(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 _____

3. (a) PRINT FULL NAME Judy Olvera

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex F 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 Feb. 16, 1939
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>4</u>	<u>2</u>	<u>28</u>	_____ hr. _____ min.

9. Birthplace Kansas City, Missouri
(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 15-43
(Month) (Day) (Year)

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

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

(b) Address K.C. Mo.

19. (a) 5-15-43 (Date received local registrar)

(b) M. M. Brown (Registrar's signature)

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)

Duration

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy Inspection and history

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) Accident 123

(b) Date of occurrence May 14, 1943

(c) 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)

(c) Means of injury Fire

23. Signature Dr. E. O. Chester (M. D. or other)

Address 23 E McCay Date signed 5/14/43

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

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. Schick

Licensed Embalmer No. 3625

P. O. Address K B No.

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.