

S. No. 2  
OM-2-43  
5-17-39  
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20556

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 8 1943  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2854

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: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 days (Specify whether  
in this community unknown (Yes or No)  
in 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. 817 B West 21st  
(If rural, give location)  
(e) Citizen of foreign country? yes (Yes or No)  
If yes, name country Mexico

3. (a) PRINT FULL NAME John Perez

3. (b) If veteran, name war No 3. (c) Social Security No. 710-03-8738

4. Sex Male 5. Color or race Mex 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Paulina 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased 5-24-1863  
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Mexico (City, town, or county) (State or foreign country) 3

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Pedro Perez

13. Birthplace Mexico (City, town, or county) (State or foreign country) 3

14. Maiden name Blasina Serrano

15. Birthplace Mexico (City, town, or county) (State or foreign country) 3

16. (a) Informant Paulina Perez

(b) Address 817 W 21st

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director John P. E. Brown

(b) Address K.C. Mo.

19. (a) 6-26-43 (Date received local registrar) (b) John P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1943 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from June 4 1943 to June 24 1943,  
that I last saw him alive on June 24 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

cirrhosis of liver

Due to \_\_\_\_\_

Due to 1245

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy see above

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? \_\_\_\_\_

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

23. Signature Henry R. Johnson (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.