

3. No. 2  
A-442  
5-173  
FILED

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28839

State File No. ....

Registration District No. 83

Primary Registration District No. 5655

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt Vernon  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1024 days  
(Specify whether years, months or days)

In this community 1024 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 2538 S 11th St  
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)  
If yes, name country /

3. (a) PRINT FULL NAME Lazara Rivera

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1943 hour 11 minute 10 AM

4. Sex Male 5. Color or race Mexican

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased April 4 1924  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 31 1940 to Aug 21 1943  
that I last saw him alive on Aug 21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary He  
Over Exert

8. AGE: Years 19 Months 4 Days 17 If less than one day hr. min.

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

10. Usual occupation Student

Due to 13 ft

Due to 13 ft

Other conditions Emphysema  
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business

12. Name Jose Rivera

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

14. Maiden name Josephine Garcia

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

16. (a) Informant Mr. Michael Record Clerk

(b) Address Mo. State San Mt. Vernon Mo

17. (a) Removal (b) Date thereof 8 22 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Mo

18. (a) Signature of funeral director Joseph F. Home

(b) Address Mt Vernon Mo

19. (a) 8/24/43 (b) Lucy Campbell  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: None  
Of operations None

Of autopsy Em. th., broncho-pneumonia, gastritis, tub. enteritis, emphysema

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 J. B. Stokar, M.D. (M. D. or other)

Address Mt. Vernon, Mo. Date signed 8/21/43

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

RECEIVED

District Health Officer No. 6,

District File Number 943-1025

Date Filed SEP 5 1943

**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..... H. D. Fossett

Licensed Embalmer No..... 2201

P. O. Address..... Mt. Vernon

**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.**