

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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 St. Mary's Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 yrs (Specify whether)
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2337 Garbol
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Mexico

3. (a) PRINT FULL NAME PASQUALA VERA

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race Mex 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Pedro Vera 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 17 - 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 10 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business not employed

12. Name Genaro Diaz

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

14. Maiden name Concepcion Diaz

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

16. (a) Informant Jessie Montoya

(b) Address 2337 Garbol

17. (a) Burial (b) Date thereof 3-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director John C. Rozetta

(b) Address 122 W. 11th

19. (a) 3-4-44 (b) W. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1944 hour 11:30 minute 7 M.

21. I hereby certify that I attended the deceased from Feb 4, 1944 to March 2, 1944
that I last saw her alive on March 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis
Hypertensive circulation
Due to disseminated
acute edema of lungs
Due to

Duration

2

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

Major findings: Of operations 1.31/15
Of autopsy as above

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) X
(b) Date of occurrence X
(c) Where did injury occur? (City or town) (County) (State) X
(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 Michael J. ...
Address 2045 ... Date signed March 4, 1944

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

MOTHER FATHER

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.....

Bob B. Johnson

Licensed Embalmer No..... *4273*

P. O. Address..... *15 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.