

FILED JUL 13 1944

Registration District No. 383

Primary Registration District No. 5655-

Registrar's No. 87

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Mt. Vernon
 (c) Name of hospital or institution: Missouri State Sanatorium
 (d) Length of stay: In hospital or institution 86 days
 In this community 86 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (d) Street No. 2306 Terrace St.
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Gudalupe Gutierrez
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 12th
 year 1944 hour 3:45 minute P M.

4. Sex Female 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

21. I hereby certify that I attended the deceased from March 19 44 to June 12 44
 that I last saw h. er alive on June 12 44
 and that death occurred on the date and hour stated above.

7. Birth date of deceased October 1 1927
 (Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis Duration About 6 mo.

8. AGE: Years 16 Months 8 Days 11
 If less than one day hr. min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 13 1/2

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

Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation Student
 11. Industry or business _____
 12. Milton Gutierrez
 13. Birthplace Unknown Mexico
 14. Maiden name Francisca Jimenez
 15. Birthplace Unknown Mexico

16. (a) Informant E. McMichael, Record Clerk
 (b) Address Mo. State, San. Mt. Vernon, Mo.

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

17. (a) Removal (b) Date thereof 6/13/44
 (c) Place: burial or cremation Kansas City
 18. (a) Signature of funeral director Geo. C. Ort
 (b) Address Mt. Vernon, Mo.
 19. (a) 6-14-44 (b) Ancy Crawford
 (Data received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature Ethel E. Coffman (M. D. coroner)
 Address Mo. State Sanatorium Date signed 6-12-44

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

555 025

RECEIVED

District Health Officer No. 6,

District File Number

744-763

Date Filed

JUL 11 1944

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

Geo. B. Orr

Licensed Embalmer No.

946

P. O. Address

Wm. Keenan, 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.