

FILED SEP 26 1944
1949

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3694

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1216 Broadway /
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 25 years
years, months or days

3. (a) PRINT FULL NAME

Don P. Pedro

3. (b) If veteran, name war _____

no.

3. (c) Social Security No.

709-14-9720

4. Sex M P

M P

5. Color or race W

1

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

6. (b) Name of husband or wife

Edith

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased

July 6 1903

(Month)

(Day)

(Year)

8. AGE:

41

Years

Months

Days

If less than one day

2

3

hr.

min.

9. Birthplace

Mexico

(City, town, or county)

(State or foreign country)

10. Usual occupation

Maintenance Man

11. Industry or business

Commercial Hotel

12. Name

Manuel Pedro

13. Birthplace

Mexico

(City, town, or county)

(State or foreign country)

14. Maiden name

No record

15. Birthplace

No record

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs Edith Pedro

(b) Address

1216 Broadway

17. (a)

burial

(Burial, cremation, or removal)

(b) Date thereof

9/19/44

(Month)

(Day)

(Year)

(c) Place: burial or cremation

St Calvary Cem

18. (a) Signature of funeral director

Geo. Mayberry

(b) Address

2315 Kenwood

19. (a)

9-12-44

(Date received local registrar)

(b)

D. E. Brown

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Jackson City 48
(If outside city or town limits, write "RURAL") 3
(d) Street No. 1216 Broadway 8
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9
year 1944 hour 12:30 minute 0 M.

21. I hereby certify that I attended the deceased from _____
to _____, 19____;
Deputy, Coroner

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Bilateral broncho pneumonia

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy see 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) _____
(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) _____ (c) Means of injury _____

23. Signature A. E. Upsher (M. D. or other) _____
Address Brida Mc Coy Date signed 9/19/44

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.....

Ray E Snow

Licensed Embalmer No.....

2560

P. O. Address.....

K @ 7W

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.