

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Trinity Lutheran Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution unknown, 1 week
 (Specify whether
 In this community about 45 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
 (c) City or town Kansas City, 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1629 Prospect, 8
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Miguel Maceren Decasa
 3. (b) If veteran, name war no.
 3. (c) Social Security No. 486-83-2344
 4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased September 29 1884
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
 year 1946 hour P. minute M.

I hereby certify that I attended the deceased from 11/1 1945 to 3/16 1946
 that I last saw him alive on 3/16 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
61 5 17 hr. min.

9. Birthplace Philippines 7
 (City, town, or county) (State or foreign country)

10. Usual occupation Duff & Repp Furniture Co.

11. Industry or business X

MOTHER FATHER {
 12. Name Antonio Decasa 7
 13. Birthplace Philippines 7
 (City, town, or county) (State or foreign country)
 14. Maiden name Candelaria Poliver 7
 15. Birthplace Philippines 7
 (City, town, or county) (State or foreign country)

16. (a) Informant Stephen D. Barling
 (b) Address 99th and Washington, K. C., Mo.

17. (a) burial (b) Date thereof 3-19-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) 3-19-46 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

Immediate cause of death Ulcerative arteritis 1 mo
 Duration

Due to _____

Due to _____

Other conditions chr. myocarditis
 (Include pregnancy within 3 months of death)

Major findings: 938
 Of operations _____

Of autopsy Ulcerative arteritis (m-m-e.)

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 J. D. Johnson (M. D. or other) MD
 Address 707 1/2 North Blvd Date signed 3/16/46

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

8287

*Parents David
1709
Toson
R. Hill*

r. Hill

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 *[Signature]*
Licensed Embalmer No. *1413*

P. O. Address *[Signature]*

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..