

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9658)  
1223

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED MAR 27 1946

Registration District No. 149 Primary Registration District No. 1002

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: General Hospital #1 0  
(If not in hospital of institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 days  
(Specify whether years, months or days)

In this community 27 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME NARCIO SANCHEZ

3. (b) If veteran, name war no

3. (c) Social Security No. 703-03-9105

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Magdalena Sanchez

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased: Oct. 28 1876  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>5</u>	<u>4</u>	<u>13</u> hr. _____ min.

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

10. Usual occupation Track Laborer

11. Industry or business K. C. Terminal R.R.

MOTHER FATHER

12. Name Lobino Sanchez 3

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

14. Maiden name Jesus Perez

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

16. (a) Informant Santo Madrigal

(b) Address 815 W. 21 St. K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary 68th St. Front

18. (a) Signature of funeral director Daniels Bros

(b) Address 144 Kansas Ave. K. C. Kansas

19. (a) 3-12-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

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. 2417 Mercier 8  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1946 hour 11 minute 20 AM.

21. I hereby certify that I attended the deceased from March 7 1946 to March 11 1946 that I last saw him alive on March 11 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia both lower lobes, right middle lobe

Diagnosis: Cerebral hemorrhage, left middle cerebral artery

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

Major findings: As above 108

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 0

23. Signature Clark W. Seely (M.D. or other) \_\_\_\_\_

Address General Hospital #1 Date signed \_\_\_\_\_

8584 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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. H. Simonow* .....

Licensed Embalmer No. *3903* .....

P. O. Address..... *Kansas City, 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.**