

FILED JUN 10 1946 STANDARD CERTIFICATE OF DEATH

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: **K.C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
In this community **27 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1016 West 24th St**
(If rural, give location)
(e) Citizen of foreign country? **Yes**
If yes, name country **Mexico** (Yes or No)

3. (a) PRINT FULL NAME **Genaro Vargas**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **493-12-2496**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **26th**
year **1946** hour **8** minute **30** P. M.

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife **Joaquina Vargas**
6. (c) Age of husband or wife if alive years
7. Birth date of deceased **Unknown** **1890**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **5-25-46**, 19 to **5-26-46**
that I last saw him alive on **5-26-46**
and that death occurred on the date and hour stated above.
Immediate cause of death **Bilateral Bronchopneumonia**
Duration

8. AGE: Years **56** Months Days If less than one day
hr. min.

Due to **Thrombosis of middle cerebral artery, right**
Due to

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **g3b**
Of autopsy **See above**
PHYSICIAN

10. Usual occupation **Laborer**
11. Industry or business **None**
12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

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?

16. (a) Informant **Alexander Vargas**
(b) Address **1016 West 24th Street**
17. (a) Burial **(b) Date thereof** **5-28-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary**

23. Signature **Wm W. Hart** (M. D. or other)
Address **Med. Dir. K.C. Gen. Hospital** (Specify type of place)
While at work? (e) Means of injury

18. (a) Signature of funeral director **Weilert Funeral Home**
(b) Address **Kansas City, Missouri**
19. (a) 5-27-46 **(b) Serialine Holmes**
(Date received local registrar) (Registrar's signature)

23. Signature **Wm W. Hart** (M. D. or other)
Address **Med. Dir. K.C. Gen. Hospital** (Specify type of place)
While at work? (e) Means of injury

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..... *Blaine E. Walet*
Licensed Embalmer No..... *4075*
P. O. Address..... *K. C. 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.