V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30370

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3910

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

29204

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town KC Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Mary's Hosp O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 hrs 25 min (Specify whether

In this community 16 hrs 25 min years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town KC (If outside city or town limits, write "RURAL")

(d) Street No. 2328 Belleview (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Baby Boy Mendoza

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race mex

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 9 (Month) 12 (Day) 46 (Year)

8. AGE: Years — Months — Days — If less than one day 16 hr. 25 min.

9. Birthplace KC (City, town, or county) Mo (State or foreign country)

10. Usual occupation new born

11. Industry or business "

FATHER
12. Name Robert Mendoza
13. Birthplace KC (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Katherine Juarez
15. Birthplace KC (City, town, or county) Mo (State or foreign country)

16. (a) Informant mother

(b) Address 2328 Belleview KC Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14-46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Calvary KCK

18. (a) Signature of funeral director Peter B Kaptein

(b) Address KC Mo

19. (a) 9-14-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 13 year 1946 hour 9 minute 30 a. M.

21. I hereby certify that I attended the deceased from Sep 12, 1946, to Sep 13, 1946 that I last saw him alive on 9-12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth 6 mos 3 wk

Due to unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

159

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Leo A. O'Brien M.D. (M. D. or other)

Address 1002 Wigg Ave KC Mo Date signed 9-13-46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.