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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 19 1946

Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40821

Registrar's No. 5126

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2132 MERCIER
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JACKSON

(c) City or town KANSAS CITY MO
(If outside city or town limits, write "RURAL")

(d) Street No. 2132 MERCIER
(If rural, give location)

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

If yes, name country MEXICO

3. (a) PRINT FULL NAME FERNANDA ROJOS

3. (b) If veteran, name war ✓ no

3. (c) Social Security No. none

4. Sex FEMALE 5

5. Color or race MEX.

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

6. (b) Name of husband or wife JOHN ROJOS

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased MAY (Month) 30- (Day) 1888 (Year)

8. AGE: Years 58 — Months 6 — Days 5 — If less than one day ..... hr. ..... min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace MEXICO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name DARIA ALLACON
15. Birthplace MEXICO (City, town, or county) (State or foreign country)

16. (a) Informant JOHN ROJOS

(b) Address 2132 MERCIER

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-7-46 (Month) (Day) (Year)

(c) Place: burial or cremation ST. MARY'S CEM

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

(b) Address KC MO.

19. (a) 12-6-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 5TH year 1946 hour 7.30 minute A.M.

21. I hereby certify that I attended the deceased from Deputy Coroner, Primary Occlusion, 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

94a

Major findings:
Of operations no op

Of autopsy no autopsy

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 0

23. Signature P N Owens (M. D. or other)

Address Kans City Mo Date signed 12/5/46

(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. 4273

P. O. Address KC 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.