

S. No. 2
M-2-43
7-5-17-39
X35897

DEPARTMENT OF THE COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40938
5379
Registrar's No.

FILED JAN 7 1947
Registration District No.

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Marys Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

In this community Since 1922

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town K.C.
(If outside city or town limits, write "RURAL")

(d) Street No. 1016 N Kansas
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Mexico

3. (a) PRINT FULL NAME JUANITA ZACARIAS

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21
year 46 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 5
1946 to Dec 21 1946
that I last saw her alive on Dec 21 1946
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race MEX

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

6. (b) Name of husband or wife Roman

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 24 1896
(Month) (Day) (Year)

Immediate cause of death Gastric Hemorrhage

8. AGE: Years 50 Months 5 Days 27
If less than one day hr. _____ min.

Due to Peptic ulcer

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

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

10. Usual occupation House wife

Major findings: no autopsy
Of operations no operation
Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Sacramento Allos
(City, town, or county) (State or foreign country)

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

14. Maiden name Antonacia Galvan
(City, town, or county) (State or foreign country)

15. Birthplace Mexico
(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 Mrs J. B. Moreno

(b) Address 1016 N Kans

17. (a) Burial (b) Date thereof 12/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt St Marys Hosp

18. (a) Signature of funeral director Sebbeto's

(b) Address City

19. (a) 12-23-46 (b) Sheraldine Holman
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature P. N. Owens (M. D. or other)
Address 1034 Realis 1st St. Mo. Date signed 12/23/46

00213
P.H. Owens
T. W. D.
9.
Kern 1034

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 Ray E. Snow
Licensed Embalmer No. 256
P. O. Address K @ MW

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.