

S. No. 2  
 1-12-45  
 7-5-17-39  
 I X47070

**FILED JAN 27 1947**

Registration District No. 149

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 Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1016 West 24th Street  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community 30 years  
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 Street  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** Conseption M. Negrete  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Jan day 13<sup>th</sup>  
 year 1947 hour 4 P.M. minute..... M.  
 21. I hereby certify that I attended the deceased from  
Jan 8 1947 to Jan 12 1947  
 that I last saw her alive on Jan 12 1947  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife.....  
Gonzalo Negrete  
 6. (c) Age of husband or wife if alive 64 years  
 7. Birth date of deceased Aug 13 1901  
(Month) (Day) (Year)

Immediate cause of death  
Solar Myocardia  
 Duration 1 week  
 Due to.....  
 Due to.....  
 Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>5</u>	<u>0</u>	..... hr. .... min.

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

10. Usual occupation Housewife

11. Industry or business.....  
 12. Name Francisco Martinez  
 13. Birthplace Mexico  
(City, town, or county) (State or foreign country)  
 14. Maiden name Simona Herrera  
 15. Birthplace Mexico  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations..... 108  
 Of autopsy.....  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Gonzalo Negrete  
 (b) Address 1016 West 24th Street

17. (a) Burial (b) Date thereof 1-14-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Weilert Funeral Home  
 (b) Address Kansas City, Missouri

19. (a) 1-13-47 (b) Sheldine Holmes  
(Date received local registrar) (Registrar's signature)

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 H. M. Wheeler (M. D. or other).....  
 Address 552 Municipal Ave Date signed.....

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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.....

*Blaine E. Weiler*

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.**