. S. No. 2
DM—5-42
ev. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4816

State File No. 743

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

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: 2131 Belleview St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2131 Belleview Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Rose Elizando
3. (b) If veteran, name war ~~Child~~ no
3. (c) Social Security No. ~~Child~~ none
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Child 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 4 (Day) 1946 (Year)

8. AGE: Years | Months 6 | Days ~~15~~ 14 | If less than one day hr. min.

9. Birthplace Kansas City, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Child
11. Industry or business
FATHER
12. Name Frank Elizando /
13. Birthplace Kansas
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Clementine Medellin
15. Birthplace Mexico 3
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Frank Elizando
(b) Address 2131 Belleview St. K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys
18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City, Missouri
19. (a) 2-18-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th year 1947 hour 3 minute P M.
21. I hereby certify that I attended the deceased from Feb. 16th, 1947, to Feb. 17th, 1947; that I last saw her alive on February 17th, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Inanition	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 Othoniel de Rivas D.O. (M.D. or other)
Address 2315 Monitor Date signed Feb. 18/47

(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 Blaine E. Weibert

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.

S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 191 Primary Registration District No. 1002 Registrar's No. 743

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:
2131 Belleview 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 6 months
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. 2131 Belleview Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Rose Elizando

3. (b) If veteran, name war Child

3. (c) Social Security No. Child

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 4 (Day) 1946 (Year)

8. AGE: Years 0 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Frank Elizando
13. Birthplace Kansas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clementine Medellin
15. Birthplace Mexico
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Elizando
(b) Address 2131 Belleview Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-47 (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) 2-18-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th
year 1947 hour 3 minute P M.

21. I hereby certify that I attended the deceased from 2-16, 1947 to 2-17, 1947
that I last saw her alive on Feb. 17th, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Miliary tuberculosis	
Due to: Same	
Due to: Same	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 22a
Of 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

23. Signature Othoniel de Rivas (M.D. or other) D.C.
Address 2215 Monitor Date signed

SUPPLEMENTARY

(Licensed Embalmer's Statement on Reverse Side)

S-4816

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. Weibert

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.