

Registration District No. **149**

Primary Registration District No. **1002**

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 28 years
years, months or days)

3. (a) PRINT FULL NAME Eulalio Trevino

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Guadalupe Trevino 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept. 12 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 22 23 hr. min.

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

10. Usual occupation Coal Miner

11. Industry or business

12. Name Vidal Trevino **3**

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

14. Maiden name Jesus Rivera **3**

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

16. (a) Informant Mrs. Guadalupe Trevino

(b) Address 2307 Belleview

17. (a) Burial (b) Date thereof 3-10-47
(Burial, cremation, or removal) (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) 3-8-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**
Kansas City **3**
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") **6**
(d) Street No. 2307 Belleview
(If rural, give location) **0**
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1947 hour 9 minute 25 A. M.

21. I hereby certify that I attended the deceased from
March 2, 1947, to March 5, 1947
that I last saw him alive on March 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46

Of autopsy None

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?

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

23. Signature Wm W. Hart (M. D. or other) **3-8-47**
Address Med. Dir. Gen'l Hosp. Date signed

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

MOTHER FATHER

A. King

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. Walter

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.