

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27836

State File No. _____

Registrar's No. 3292

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kennett Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2108 Madison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kennett City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2108 Madison 8
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MANNAH F. MENDOZA

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Male Color Mex

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct 18-1926
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 2
year 1947 hour 6 minute 0 P.M.

21. I hereby certify that I attended the deceased from July 19, 1947
_____, 19____, to aug 2, 1947
that I last saw him alive on aug 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure Chronic
Chronic fibrosis of lung - Chronic

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

20 9 15 _____ hr. min.

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

10. Usual occupation Laborer

Major findings: 1142

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Raphael Mendoza

13. Birthplace Mexico

14. Maiden name Maritina Orta

15. Birthplace Mexico

16. (a) Informant Raphael Mendoza

(b) Address 2108 Madison

17. (a) Burial (b) Date thereof 8-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director John P. Rogelien

(b) Address Kennett Mo

19. (a) 8-4-47 (b) Seraldine 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? _____

23. Signature S. J. Thim, M.D. (M. D. or other) 2
Address Osteopathic Hosp Date signed 8-3-47

(Licensed Embalmer's Statement on Reverse Side)

Harison at 11th
150 MO

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

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 *Peter D. Reardon*
Licensed Embalmer No. *KA273*
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.