

Registration District No. 149 Primary Registration District No. 1602

1. PLACE OF DEATH:
(a) County... Jackson
(b) City or town... Kansas City
(c) Name of hospital or institution... K.C. Gen. Hospital No. 1
(d) Length of stay: In hospital or institution... 1 day
In this community... 6 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State... Missouri (b) County... Jackson
(c) City or town... Kansas City
(d) Street No... 2408 Mercier
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Roger Segura
(b) If veteran, name war... Child no
(c) Social Security No... Child none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 11th
year 1948 hour 6 minute 30 a. M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife... Child
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... Nov. 30 1947

21. I hereby certify that I attended the deceased from 2-10-48, 19 to 2-11-48, 19; that I last saw him alive on 2-11-48 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
2 17 hr. min.

Immediate cause of death...
Bronchopneumonia
Acidosis
Due to... (failure to take nourishment + liquids.)

9. Birthplace Kansas City, Missouri
10. Usual occupation Child

Other conditions...
Major findings: Of operations...
Of autopsy... 107

11. Industry or business...
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown Lydia Segura
15. Birthplace Unknown Nebraska

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 Lydia Segura
(b) Address 2408 Mercier St. K. C. Kan.
17. (a) Burial (b) Date thereof 2-13-48
(c) Place: burial or cremation S. t. Marys Cemetery
18. (a) Signature of funeral director Weillert Funeral Home
(b) Address Kansas City, Missouri
19. (a) 2-13-48 (b) Geraldine Holme

23. Signature Wm W. Hart (M. D. or other)
Address Med. Dir. K.C. Gen. Hosp. K Date signed

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

MOTHER FATHER

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. Walker

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.