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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 17 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5466

State File No. 16056
Registrar's No. 329

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town S. Campbell Twp. RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Medical Center for Federal Prisoners 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months 8 days (Specify whether
In this community 3 months 8 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Sonora, Mexico (b) County 39
(c) City or town Nogales 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Mexico

3. (a) PRINT FULL NAME DUARTE-ROMERO, Bernardo #6528-H
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 4
5. Color or race Mex.
6. (a) Single, widowed, married, divorced Married-1 (Common-law)
6. (b) Name of husband or wife Carmela Duarte
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased November (Month) 11 (Day) 1902 (Year)

8. AGE: Years 45 | Months 5 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Sarie (?), Sonora, Mexico 2
(City, town, or county) (State or foreign country)
10. Usual occupation Miner
11. Industry or business

FATHER
12. Name Bernardo Duarte
13. Birthplace ? Mexico 2
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Juana Duarte-Romero
15. Birthplace ? Mexico 3
(City, town, or county) (State or foreign country)

16. (a) Informant File
(b) Address MCFP
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Mo.
19. (a) 5/3/48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1948 hour 10 minute 35 A. M.
21. I hereby certify that the medical staff attended the deceased from January 9, 1948, to April 17, 1948; that they last saw him alive on April 17, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis, pulmonary, far-advanced, bilateral, with cavitation of right upper lobe.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Duration: Approx. 5 Mo.

PHYSICIAN

Major findings: OF AUTOPSY
As above. Also bilateral tuberculous pneumonia, severe pneumoconiosis, thymoma, plumbism and splenomegaly, cause unknown.

Underline the cause of 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 E W Moreland (M. D.)
Address E.W. Moreland Medical Center Fed. Pris. Springfield, Missouri Date signed 4/28/48

Jefferson City Printing Co. (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 Ralph H. Thieme

Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.