

No. 2
5-43
17-39
X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33217

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 187

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Prairie
(c) Name of hospital or institution Jackson County Home 5
(d) Length of stay: In hospital or institution 1 yr
In this community 40 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City Mo 3
(d) Street No. unknown
(e) Citizen of foreign country? Mexico - P - (Yes or No)

3. (a) PRINT FULL NAME VENCESLADO PENNA
3. (b) If veteran, name war Mo - P - 3. (c) Social Security No. - P -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 13
year 1948 hour 4:30 minute 9. M.
21. I hereby certify that I attended the deceased from Oct 10, 1948 to Oct 13, 1948
that I last saw him alive on Oct 12, 1948
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Mexican
6. (b) Name of husband or wife - 7 - 6. (c) Age of husband or wife if alive - 7 - years

Immediate cause of death Coronary thrombosis
Due to
Due to
Other conditions
Major findings: Of operations
Of autopsy

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

9. Birthplace Mexico 3
Usual occupation Rail Road

MOTHER FATHER
12. Name
13. Birthplace
14. Maiden name
15. Birthplace

16. (a) Informant
(b) Address
17. (a) Anatomical (b) Date thereof 10-16-48
(c) Place: burial or cremation KC College of Opt's Aug

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director N.B. Jones Ford
(b) Address Lees Summit Mo
19. (a) OCT. 16, 1948 (b) Registrar's signature

23. Signature J. Greene (M. D. or other)
Address
Date signed 10/13/48

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

NOV 23 1943

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 W. B. Langford
Licensed Embalmer No. 3833
P. O. Address Leis Summit

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.