FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36975

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 4349

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: 2325 Holmes Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community about About 18 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 2325 Holmes Street (If rural, give location) 8

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

If yes, name country

3. (a) PRINT FULL NAME Donacino Yepez

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Delores Yepez

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Unknown (Month) (Day) 1878 (Year)

8. AGE: Years 70 Months ? Days ? If less than one day hr. min.

9. Birthplace Mexico (City, town, or county) 3 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Investigation

(b) Address Coroner's Office

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place K.C. Mo.

19. (a) 10-25-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 year 1948 hour 1 PM minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to

Due to 93

Other conditions (Include pregnancy within 3 months of death) Deputy Coroner

Major findings: Of operations

Of autopsy History & Inspection

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? A. E. Upsher (Specify type of place) While at work? (e) Means of injury

23. Signature A E Upsher (M.D.) [signature]

Address 3800 Main Date signed 10/25/48

(Licensed Embalmer's Statement on Reverse Side)

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 Blaine E. Weilert

Licensed Embalmer No. 4075

P. O. Address K.C. 8, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.