

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4987**  
**666**

FILED FEB 26 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson 5</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City 3308</b>	
c. LENGTH OF STAY (In this place) <b>38 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>2316 Monitor Pl.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) <b>Little Sisters of the Poor 5th &amp; Highland</b>			

3. NAME OF DECEASED (Type or Print) <b>VIVIANNA</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 7 1952</b>			
a. (First)	b. (Middle)		c. (Last)			
			<b>GERRA</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>Mex</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>DEC 2-1877</b>	9. AGE (In years less birthday) <b>74</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mexico 3</b>		12. CITIZEN OF WHAT COUNTRY? <b>Mexico</b>

13a. FATHER'S NAME <b>Luciano Flores</b>		13b. MOTHER'S MAIDEN NAME <b>Carmen Aguilar</b>		14. NAME OF HUSBAND OR WIFE <b>Feliciano Gerra</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Sabatina Peralta Home K.C. Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio-sclerosis</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6/20**, 19**51**, to **2/7**, 19**52** that I last saw the deceased alive on **2/6/52**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph A. Fogarty</b> (Occupation) <b>Dr.</b>		23b. ADDRESS <b>402 Northway Pl. No. 3</b>		23c. DATE SIGNED <b>2/11/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-12-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St Mary's</b>	
24d. LOCATION (City, town, or county) <b>K.C. Mo.</b>		24e. STATE <b>Mo.</b>		24f. COUNTY <b>Jackson</b>	

DATE REC'D BY LOCAL REG. <b>2-12-52</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sabatina Peralta</b>		ADDRESS <b>K.C. Mo.</b>	
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WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Beverly B. Logetman

Licensed Embalmer No. 4273

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.