

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
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FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030442

FILED VS. AUG 23 1960 149 Primary Registration District No. 1002 Registrar's No. 4031 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 48, Yrs. | c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1632 Washington STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Matilda Middle Granado Last Bolanos | | | 4. DATE OF DEATH Month Aug. Day 3 Year 1960 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH MARCH 14, 1899-61 | 9. AGE (last birthday) 67 | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HR Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | 11. BIRTHPLACE (City and state or country) SILAO, MEXICO | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME UNKNOWN | | 13b. MOTHER'S MAIDEN NAME EFIMIEA GRANADO | | 14. NAME OF HUSBAND WIFE JUVENCIS BOLANOS | | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT GONSALO BOLANOS | Address 1632 WASHINGTON STREET KANSAS CITY, MO. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | Cardiac Insufficiency. | 2 w/c |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) CARCINOMATOSUS. (Metastatic) | 6 mo |
| | DUE TO (c) CARCINOMA STOMACH | 1 yr. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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|---|--|--|---|---------------------|--------------------|
| 20c. TIME OF INJURY Hour 8:12 P. Month, Day, Year 8-2-60 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) K.C. MO | 20f. CITY, TOWN, OR LOCATION JACKSON MO | COUNTY MO | STATE MO |
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| 21. I attended the deceased from 8-2-60 to 8-4-60 and last saw her alive on 8-4-60 | |
| Death occurred at 4:12 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | |

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| 22a. SIGNATURE Quentin Cramer MD (Degree or title) | 22b. ADDRESS 1103 Grand KCM. | 22c. DATE SIGNED 8-5-60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE AUG. 6, 1960 | 23c. NAME OF CEMETERY OR CREMATORY MT. ST. MARY'S CEMETERY | 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
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| 24. FUNERAL DIRECTOR D.W. Newcomers Sons Kansas City, Mo. | 25. DATE RECD. BY LOCAL REG. 8-6-60 | 26. REGISTRAR'S SIGNATURE H-L. Dwyer, M.D. |
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DOCUMENT
MEDICAL CERTIFICATION
Quentin Cramer
BY AFFIDAVIT OF

New

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student, Embalmer

Signed *Vern Lawler*

Licensed Embalmer No. 4915

P. O. Address *RC MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.