

No. 2
13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4011
State File No. _____
Registrar's No. 41

Registration District No. 744

Primary Registration District No. 3035

89
1
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community 17 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray
(c) City or town Richmond Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? U. S. A. years.

3. (a) PRINT FULL NAME GUADALUPE ROJAS
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 24
year 1941 hour 8 minute 40 AM
21. I hereby certify that I attended the deceased from Dec 1
1940 to Jan 24 1941
that I last saw her alive on Dec 1 1940
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race 51
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Costello years
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 12 - 1974
(Month) (Day) (Year)

Immediate cause of death
Carcinoma of Liver
Due to ✓
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
Duration 2 yrs.

8. AGE: Years Months Days If less than one day
67 1 12 hr. 1 min. 3
9. Birthplace Mexico (City, town, or county) (State or foreign country) ✓

10. Usual occupation Home Keeper
11. Industry or business _____
MOTHER FATHER { 12. Name IPOLITO ROJAS
13. Birthplace MEXICO (City, town, or county) (State or foreign country) 3
14. Maiden name DEMECIA ROJAS
15. Birthplace MEXICO (City, town, or county) (State or foreign country) 3

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant John Costello
(b) Address Richmond Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24-41
(Month) (Day) (Year)
(c) Place: burial or cremation Richmond
18. (a) Signature of funeral director J. B. B. Smith
(b) Address Richmond Mo.
19. (a) Jan 27-41 (Date received local registrar) (b) Malcolm Jackson (Registrar's signature)

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?
at home (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature W. W. Gaines MD. (M. D. or other) W. W. O.
Address Richmond, Mo. Date signed 1-25-41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-13-41

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.....

working under my personal supervision.

J. J. Brothers

Registered Apprentice No.....

Brothers, James Haine

Signed.....

Licensed Embalmer No.....

P. O. Address.....

2001

Richmond Va

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.

S. No. 2B
M-2-21-40
11
123456

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4011

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 744

Primary Registration District No. 3035-

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Guadalupe Rojas Costello

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race medum 6. (a) Single, widowed, married, divorced, m

(b) Name of husband or wife Jahus Costello 6. (c) Age of husband, or wife, if alive _____ years

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

8. AGE: Years 67 Months 1 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Jan 27-41 (b) Malcolm Jackson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH Month Jan day 24 year 1941 hour _____ minute _____ M.

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

Immediate cause of death _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. N. Gains (M. D. or other)

Address Richmond Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

