DEPARTMENT OF HEALTH BOROUGH OF MANHATIAN

Certificate of Death

Cettineare of Beath						
1940 NOV 13 PM 1 13	Certificate No					
1 NAME OF DECEASED JUAN (Print) First Name Middle Name	MIRANDA Last Name Social Security No.					
PERSONAL AND STATISTICAL PARTICULARS (May be filled in by Fuferal Director)	MEDICAL CERTIFICATE OF DEATH					
2 USUAL RESIDENCE: (If non-resident, give place and state) No. 140 DESCOY St.	16 PLACE OF DEATH: Borough Hausattau No. 7 Augustus Ave. St.					
3 SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Widower	If in hospital of caper institution, rive: (a) above, name instead of street and number, and to language of stay (M)					
4 WIFE HUSBAND cf	17 If elsewhere than in hospital or own residence, specify character of place of death					
5 DATE OF (Month) (Day) (Year) BIRTH OF DECEDENT . 1	18 DATE AND (Month) (Day) (Year) (Hour)					
S AGE Vrs. mos. days hrs. or min.	DEATH 19 SEX 20 Color or Race 21 Approximate Age					
A Trade, profession, or particular kind of work, as spinner, sawyer, bookkeeper, etc. B Industry or business in which work was done, as silk mill,	22 I HEREBY CERTIFY that I settended the deceased from					
BIRTHPLACE (State or commercial of the state of commercial of the state of commercial of the state of the sta	that I last saw h Wahve on 1942, and that the facts stated in Items 16 to 21 are correct.					
U. S. (if of foreign birth)	I further certify that death did NOT occur as the result of accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL					
11 NAME OF FATHER OF DECEDENT 12 BIRTHPLACE OF FATHER OF FATHER OF FATHER OF FATHER	CAUSES more fully described in the confidential medical report filed with the Department of Health.					
(State or country) 13 MAIDEN NAME OF MOTHER	I further certify that death was not* due to a communicable disease listed in Section 103 of the Sanitary Code, (see over), which requires that the casket must be permanently sealed before removal from the place of death.					
OF DECEDENT OF DEC	*Cross out words that do not apply.					
15 SIGNATURE OF INFORMANT	Witness my hand this day of 1940					
RELATIONSHIP TO DECEASED	Address 2017 Ceature Hally					
23 PLACE OF BURIAL Calnory Centery	DATE OF BURIAL Not. 13, 1940					
24 FUNERAL Sound & Tyon ADDRESS	159 West 13 2 17 PERMIT 3603					
BUREAU OF RECORDS DEPARTMENT	OF HEALTH CITY OF NEW YORK					

NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES

MUNICIPAL ARCHIVES 31 Chambers Street New York, N.Y. 10007

raised seal of The Department of Records and Information Services is affixed thereon. New York City Health Code. The reproduction or alteration of this transcript is prohibited by Section 3.21 of the This exact copy of a_ _certificate should not be accepted unless the

has been provided by law. does not certify to the truth of the statements made thereon, as no inquiry to the facts In issuing this copy of the record, the Department of Records and Information Services

Paulme Toole

Commissioner, Department of Records

Sylvia Kollar

Director, Municipal Archives

TO FUNERAL DIRECTORS

This certificate must be accompanied by an envelope, sealed by the physician, containing the Confidential Medical Report. No permit for the disposal of the body can be granted until the Confidential Medical Report is filed. Tampering with the envelope containing the Confidential Medical Report, or delivery of that envelope to any one other than an official of the Bureau of Records of the Department of Health, designated to receive such reports, will result in the revocation of a Funeral Director's permit to do business in the City of New York.

The personal and statistical particulars called for in the left half of the certificate of death MAY be filled in by the Funeral Director. The Funeral Director will be required to obtain and supply all available information, missing from this section of a death certificate when delivered to him by a physician or hospital. In every case, the information contained in this section shall be verified by the next of kin, or person authorizing the funeral, and the Informant, if a resident of New York City, or otherwise available, shall personally sign his or her full name, relationship to the deceased, and home address, in Item 15 of the certificate of death.

Certificates of death which are inaccurate or incomplete will be refused by Burial Permit Clerks unless accompanied by an affidavit from the Informant, correcting the error or supplying the missing information, or by the Funeral Director, if the Informant is not a resident of New York City and not otherwise available, stating that the missing information is unknown and unobtainable. Transcripts of incomplete or inaccurate certificates of death may be withheld by the Health Department. It is, therefore, to the interest of Funeral Directors to submit only complete and accurate death certificates to the Health Department.

Regulation 3, Section 46 of the Sanitary Code, provides that-

"No permit to remove, ship, cremate or bury the remains . . . will be issued unless the funeral director applying for such permit shall sign his name . . . and shall certify in writing that he has been employed by the nearest surviving relative or next of kip."

Caskets containing bodies of persons dead from certain communicable diseases must be permanently sealed before removal from the place of death. Section 103 of the Sanitary Code of the Board of Health requires that every undertaker engaged for, or in charge of, the preparation and burial of the body of a person who died in the City of New York from any of the following diseases: Asiatic Cholera, Diphtheria, Bubonic Plague, Acuta Anterior Poliomyelitis (Infantile Paralysis), Scarlet Fever (Scarlatina) and Smallpox (Variola)—shall immediately place the body in a coffin or casket and permanently close and seal it with seals provided for the purpose by the Department of Health.

Removal of bodies prohibited without permit. The regulations of the Board of Health prohibit the removal of the body of a human being, who died in the City of New York, unless a permit therefor has been obtained from the Department of Health, except when such removal is ordered in connection with an investigation conducted by the Office of the Chief Medical Examiner, a District Attorney or the Police Department.

Permission to remove dead bodies granted by telephone. In keeping with these regulations, the Department of Health will grant to Funeral Directors by telephone, permission for the removal of a body to a home or funeral chapel, provided the application is made by a licensed Funeral Director who has the certificate of death in his possession at the time of telephoning. With this form of death certificate, it is not necessary for the Funeral Director to obtain the supplementary certification—Form 113-H.

FUNERAL DIRECTOR'S CERTIFICATE

o dispose of the remains of fuor Mirando y Lubico Colministrotto Maw York County The is the Relationship and the nearest surviving relative or next of kin of the decessed. This statement is made to obtain a permit for the burial or cremation of the remains of the decessed. The statement is made to obtain a permit for the burial or cremation of the remains of the decessed. The statement is made to obtain a permit for the burial or cremation of the remains of the decessed. The statement is made to obtain a permit for the burial or cremation of the remains of the decessed. The statement is made to obtain a permit for the burial or cremation of the remains of the decessed. The statement is made to obtain a permit for the burial or cremation of the remains of the decessed. The statement is made to obtain a permit for the burial or cremation of the remains of the decessed. The statement is made to obtain a permit for the burial or cremation of the remains of the decessed. The statement is made to obtain a permit for the burial or cremation of the remains of the decessed. The statement is made to obtain a permit for the burial or cremation of the remains of the decessed. The statement is made to obtain a permit for the burial or cremation of the remains of the decessed. The statement is made to obtain a permit for the burial or cremation of the remains of the decessed. The statement is made to obtain a permit for the burial or cremation of the remains of the decessed. The statement is made to obtain a permit for the burial or cremation of the remains of the decessed. The statement is made to obtain a permit for the burial or cremation of the remains of the decessed. The statement is made to obtain a permit for the burial or cremation of the remains of the decessed. The statement is made to obtain a permit for the burial or cremation of the remains of the decessed.	CONTRACTOR TO THE PROPERTY OF	ve been employed,	, without any	solicitation on my	part or that of an	y other person.
To Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone		N				T-1
To Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone						************
To Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone	by Public &	Edmines	trotto	naw 4	ort Cour	ty
(Relationship) This statement is imade to obtain a permit for the burial or cremation of the remains of the deceased. Name of permittee. Laxed Payer Permit No. 3603 Oy Aones T Burneys (Signature of licensed manager or funeral director if other than permittee.) To Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone						
Name of permittee. Land J. Cyan Permit No. 3 6 9 3 Sy Thomas F. Bushows (Signature of licensed manager or funeral director if other than permittee.) To Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone	who is the(Relation	nship)	and the near	est surviving rela	tive or next of kin	f'the deceased
(Signature of licensed manager or funeral director if other than permittee.) To Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone				ion of the remains	of the deceased.	
(Signature of licensed manager or funeral director if other than permittee.) To Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone	Name of permittee.	ved &	Olyan		Permit No. 360	3
(Signature of licensed manager or funeral director if other than permittee.) To Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone	D. Thoma	7/13				
				ector if other than pe	ermittee.)	
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Telephone Removal No. None granted by	Telephone Removal No	Lone	grante	ed by		********
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Date Hour (PM) Cland & Blyans		Hour	(A.M.) O	land	4 blyan	re
(Furefal Director)	Date		L			******************
Deaths that are even remotely associated with an earlier accident, must be referred to the Medical Examiner.	Date		(P.NI.)	************************		

NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES

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Paulme Toole

Commissioner, Department of Records

Sylvia Kollar

Director, Municipal Archives

Certificate of Death

1940 Nov13 PM 1 13

Certificate No. 23351

PERONAL AND STATISTICAL PARTICULARS (May be filed by Funeral Director)

2. USUAL RESIDENCE: Borough: Manhattan, No. 140 Hester

3. SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

4.WIFE, HUSBAND (blank)

5. DATE OF BIRTH OF DECEDENT (blank)

6. AGE: **54 yrs**.

7. OCCUPATION: A. Trade, profession or particular kind of work: **Laborer**

8. BIRTHPLACE: Puerto Rico

9. HOW LONG IN U.S. (If of foreign Barth) **39 yrs.** 9A. How long resident in City of New York: **39 yrs**

10. IF DECEASED WAS VETERAN NAME WAR: (Blank)

PARENTS OF DECEASED

11. NAME OF FATHER OF DECEDENT: John

12. BIRTHPLACE OF FATHER (State or Country): Puerto Rico

13.MAIDEN NAME OF MOTHER OF DECEDENT: Socorro Albarez

14. BIRTHPLACE OF MOTHER (State or Country): Puerto Rico

15. SIGNATURE OF INFORMANT: (Blank) RELATIONSHIP TO DECEASED: (Blank) ADDRESS: (Blank)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

16. PLACE OF DEATH: Borough: Manhattan, No. 71 Jackson St.

If in Hospital or other institution, give (a) above, name instead of street and number and length of stay: **St. Roses Cancer Home**

- 17. If elsewhere than in hospital or own residence, specify caracter of place of death (Blank)
- 18. DATE AND HOUR OF DEATH: Nov 9, 1940 1:46PM
- 19. SEX: M
- 20. Color or Race: W
- 21. Approximate Age: **54**
- 22. I HEREBY CERTIFY that I atended the deceased from **Aug 15, 1940** to **Nov 9, 1940**, that I last saw him on Nov 8, 1940 and that the facts stated in Items 16 to 21 are correct.

I further certify that death did NOT occur as the result of accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES more fully described in the confidencial medical report filed with the Department of Health.

I further certify that death was not due to a communicable disease listed in Section 108 of he Sanitary Code (see over), which requires that the basket must be permanently sealed before renoval from the place of death.

Witness by hand this 9 day of Nov 1940.

Signature **John R. Davis** M.D.

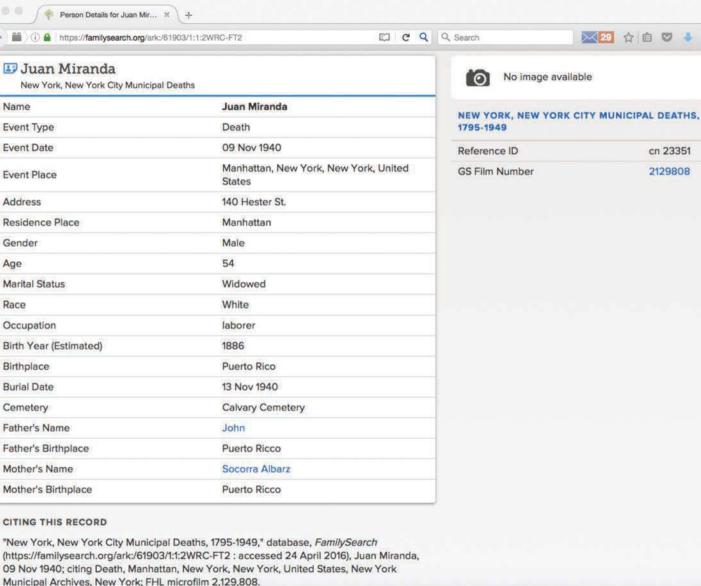
Address: 309 Decatur St. Brooklyn

22.PLACE OF BURIAL OR CREMATION: **Calvary Cemetery**, DATE OF BURIAL OR CREMATION: **Nov. 13, 1940**

24. FUNERAL DIRECTOR: David G. Ryan

ADDRESS: **159 West 13th St**. PERMIT NUMBER: **3603**

BUREAU OF RECORDS - DEPARTMENT OF HEALTH - CITY OF NEW YORK



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"New York, New York City Municipal Deaths, 1795-1949," database, FamilySearch (https://familysearch.org/ark:/61903/1:1:2WRC-FT2: accessed 24 April 2016), Juan Miranda,