

AUG 11 1943

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Kansas City Tuberculosis Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 month 28 days
(Specify whether lifetime)
In this community Here
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2321 Fairmount
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Mary Gonzales

3. (b) If veteran, name war - 3. (c) Social Security No. 490-24-2931

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 5 wife

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased June 15 1925
(Month) (Day) (Year)

8. AGE: Years 18 Months 1 Days 13 If less than one day - hr. - min.

9. Birthplace Argentina Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business -

12. Name Antonio Gonzales

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

14. Maiden name Luz Alvarez

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

16. (a) Informant Self

(b) Address 2321 Fairmount

17. (a) Burial (b) Date thereof 8-2-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary

18. (a) Signature of funeral director W. E. Brown

(b) Address 20 West Lexington

19. (a) 7-30-43 (b) W. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1943 hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from 4/30
1942, to 7/28, 1943
that I last saw her alive on 7/28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration 2 1/2 yr.

Due to 1381
Due to -

Other conditions Tuberculosis & diabetes
(Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy -

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? -

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

23. Signature Mother J. Neer (M. D. or other) -
Address Kansas City Tuberculosis Hosp. Date signed 7/29/43

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

MOTHER FATHER

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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..... *Charles M. Zwick*.....

Licensed Embalmer No. *3774*

P. O. Address..... *Kansas City, 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.