

S. No. 2
DM-5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22945
Registrar's No. 3048

FILED AUG 4 1945
Registration District No. 449

Primary Registration District No. 1001

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

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:
Polyclinic Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs
(Specify whether in this community years, months or days)
life

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 979

(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL") 14

(d) Street No. 927 So. 25th
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) ?
If yes, name country _____

3. (a) PRINT FULL NAME Mary Gonzales

3. (b) If veteran, name war XXXXXX

3. (c) Social Security No. XXXXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 21 day
year 1945 hour 4:30 minute 0 A. M.

21. I hereby certify that I attended the deceased from 7-21 1945 to 4:30 a.m. 1945
that I last saw him alive on July 21 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Mexican

6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased July 21/19 1945
(Month) (Day) (Year)

Immediate cause of death _____ Duration

Monstrosity

Due to _____

Due to _____

Other conditions 157mm
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

0 0 0 2 hr. _____ min.

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation XXXXXXX infant

11. Industry or business XXXXXXX

12. Name John Gonzales

13. Birthplace Mexico 3
(City, town, or county) (State or foreign country)

14. Maiden name Julia Gonzales Martens

15. Birthplace Mexico 3
(City, town, or county) (State or foreign country)

16. (a) Informant John Gonzales

(b) Address 927 So. 25th Street

17. (a) Burial (b) Date thereof 7-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director Simmons F. Home

(b) Address 1404 So. 87th, Kansas City, Kan.

19. (a) 7-21-45 (b) Gerardine Home
(Date received local registrar) (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? _____

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

23. Signature Dr. R. H. Little (M. D. or other) J. D. D.

Address 2301 Summit St. Date signed 7-21-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.