

Registration District No. 149 Primary Registration District No. 1002

**1. PLACE OF DEATH:**

(a) County Jackson  
(b) City or town K.C. Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home 1016 E. 16th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 37 years (Specify whether years, months or days)  
In this community 37 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Jackson  
(c) City or town K.C. Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1016 E. 16th St  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEO. W. GONZALES

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Gonzales 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Aug 19 1904  
(Month) (Day) (Year)

8. AGE: Years 41 Months 4 Days 26 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Martinez Gonzales

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

14. Maiden name Patsy Sywater

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

16. (a) Informant Helen Gonzales

(b) Address 1016 E. 16th St Mo

17. (a) Burial (b) Date thereof 1-21-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Wm. H. ...  
(b) Address 1819 E. 15th St K.C. Mo.

19. (a) 1-21-46 (b) Sealdie Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 15 year 1946 hour 10 minute 15 P.M.

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

Immediate cause of death Hypertensive heart disease

Due to Chronic Alcoholism

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations \_\_\_\_\_ Of autopsy Same as above

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 Deputy Coroner

23. Signature W. Williams (M. D. or other) \_\_\_\_\_  
Address 2636 Brooklyn Date signed \_\_\_\_\_

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

MOTHER FATHER

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

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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 *Wm. G. Flynn*  
Licensed Embalmer No. 4383  
P. O. Address 1819 E. 15<sup>th</sup> KC

**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.**