

Registration District No. **27 1/2**  
**FILED JUN 25 1946**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**  
 (a) County **Jackson**  
 (b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 mo. 20 days**  
(Specify whether years, months or days)  
 In this community **8 Years**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (City or County) **Jackson** **48**  
 (c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2122 Belleview** **8**  
(If rural, give location)  
 (e) Citizen of foreign country? **Yes** (Yes or No)  
 If yes, name country **Mexico**

**3. (a) PRINT FULL NAME** **Joseph Garza**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **713-05-2390**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **June** day **9**  
 year **1946** hour **7** minute **30** A. M.

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Casimura Gress GARZA**  
 6. (c) Age of husband or wife if alive **46** years  
 7. Birth date of deceased **March 19 1886**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
**April 17 1946 to June 9 1946**  
 that I last saw him alive on **June 9 1946**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Carcinoma of prostate with pulmonary and bone metastases and pulmonary edema and congestion**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) **516**

**8. AGE:**  
 Years **52** Months **2** Days **20**  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **See above**

**9. Birthplace** **Mexico** **3**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** **Track Laborer**

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

**11. Industry or business** \_\_\_\_\_  
**12. Name** **Unknown**  
**13. Birthplace** **Unknown**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Unknown**  
**15. Birthplace** **Unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs Casimura Garza**  
**(b) Address** **2122 Belleview; K.C. Mo.**  
**17. (a) Burial** **(b) Date thereof 6-11-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Greenlawn**

**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? **0**

**18. (a) Signature of funeral director** **Weilert Funeral Home**  
**(b) Address** **Kansas City, Missouri**  
**19. (a) 6-10-46** **(b) Geraldine Adams**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury  
**23. Signature** **Wm W. Hart** **(M. D. or other)**  
**Address** **Med. Dir. Gen'l Hosp.** **Date signed** **6-10-46**

*Dr. Collins*

*2-2-78*

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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..... *Blaine E. Weibert*  
Licensed Embalmer No..... *4075*  
P. O. Address..... *K.C. 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.**