No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 26 1947

Registration District No. 3706

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6072

State File No. 39365

Registrar's No. 374

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town rural (Pendleton)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. near Farmington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Katherine Francis Gonz
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife William Gonz
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 7, 1869 (Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Cedar Hill (City, town, or country) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Elijah Burgess
13. Birthplace Sandy Missouri (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name Jane King
15. Birthplace Sandy Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Albert Gonz
(b) Address Farmington, Mo.
17. (a) b (Burial, cremation, or removal) (b) Date thereof XXX 11-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Hill, Mo
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.
19. (a) 11-17-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14 year 47 hour 7 minute 5 a. m.
21. I hereby certify that I attended the deceased from July, 1947, to November 14, 1947; that I last saw her alive on Nov 7, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized carcinomatosis	1 yr.
Due to: Path. fr. of hip	1 yr.
Due to: Carcinoma of breast	unknown
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 50
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature George L. Watkins (M. D. or other)
Address Farmington, Mo. Date signed 11-16-47

Jefferson City Printing Co. 7-01

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 4

District File Number 1147-142

Date Filed 11-25-47

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 C. H. Gozan

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.