FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4007

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 302

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 317 Dakota Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: *

3. (a) PRINT FULL NAME: Lynda Gomez
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Female
5. Color or race: Mexican
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: * years
7. Birth date of deceased: August (Month) 26 (Day) 1946 (Year)

8. AGE: Years 1 | Months 6 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: None
11. Industry or business: None

MOTHER FATHER
12. Name: Joseph Gomez
13. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Shirley Ann Pyszora
15. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mr. Joseph Gomez
(b) Address: 317 Dakota Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 4, 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Herman W. Sidenfaden
(b) Address: 1802 Union St. St. Joseph, Mo.
19. (a) 3-12-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1948 hour 5 minute 15 A.M.
21. I hereby certify that I attended the deceased from 3-1, 1948 to 3-2, 1948, that I last saw her alive on 3-2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	2 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: 0

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: Wm. B. Rost M.D. (M.D., D.O. or other)
Address: 510 Corby Bldg. St. Joseph, Mo. Date signed: 3-2-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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. Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address. St. Joseph 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.