WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 8 APR 1 7 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9428

File No. 1034

Registered No.

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City (No. 908 Chestnut St. Ward)

Registration District No. 399

Primary Registration District No. 1002

2. FULL NAME Joseph Loskot

(a) Residence, No. 908 Chestnut St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/14/1906

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
32	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ford Motor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER

13. NAME Frank Loskot

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Europe

MOTHER

15. MAIDEN NAME Marie Jenout

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Europe

17. INFORMANT (ADDRESS) Stella Loskot 908 Chestnut

18. BURIAL, CREMATION, OR REMOVAL

PLACE Winfield, Kans. DATE 3/7/39 19

19. UNDERTAKER (ADDRESS) Sheil Funeral Home 6606 Indep. Ave.

20. FILED Mch 7 1939 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6-39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

Carbon monoxide poisoning

Date of onset

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Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3-6-39

Where did injury occur? F. C. Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Found asphixiated in

Nature of injury Home

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Willis B. Richter, M. D.

(Address)