

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.

REC NOV 24 1939

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

36711
Do not use this space.

1. PLACE OF DEATH
 (a) County Moniteau Registration District No. 571
 (b) Township Walker Primary Registration District No. 4335 Registered No. 54
 (c) City or California, Mo. (d) Street No. 711 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth 65 yrs. mos. ds.

2. PRINT FULL NAME 620 Rudolph Kuroz - 12MB
 (a) Residence, No. California, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 7 28

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Switzerland

FATHER
 13. NAME UNKNOWN John Kuroz
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER
 15. MAIDEN NAME UNKNOWN Elizabeth Kuroz
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Herbert Higgins
 (ADDRESS) California, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Jamestown, Cemt DATE Oct. 23, 1939

19. FUNERAL DIRECTOR (NAME) Bowlin Funeral Home
 (ADDRESS) California, Mo.

20. FILED 10-23- 1939 H.R. Popojay
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22-1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to ... 19...
 I last saw h..... alive on Nov-at-all, 19... Death is said to have occurred on the date stated above, at 12:30 m.
 The principal cause of death and related causes of importance were as follows:
Supposed to have had an Epileptic seizure and fell in a pond no evidence of drowning no water in lungs
 Date of onset
 Other contributory causes of importance:
None

Name of operation None Date of.....
 What test confirmed diagnosis? None Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19...
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) H.R. Popojay Coroner, M. P.
 (Address).....

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.