

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4701

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:
K. C. General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether
 In this community _____
 years, months or days)

8. (a) PRINT FULL NAME Thomas Cindrick 5368. (b) If veteran, name war None 8. (c) Social Security No. none4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Anna Cindrick 6. (c) Age of husband or wife if alive 45 years7. Birth date of deceased December 20, 1891
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
47 11 20 hr. min.9. Birthplace Ogulin Yugoslavia
(City, town, or county) (State or foreign country)10. Usual occupation Railroad car repair11. Industry or business Unemployed12. Name Mate Cindrich13. Birthplace Ogulin Yugoslavia
(City, town, or county) (State or foreign country)14. Maiden name Jenny Stupich15. Birthplace Ogulin Yugoslavia
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Anna Cindrick(b) Address 1006 N Chestnut, K. C. Mo.17. (a) Burial (b) Date thereof Dec 14, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Calvary, K. C. K.18. (a) Signature of funeral director M. M. Grove(b) Address 344 N. 5th Street, K. C. Kansas19. (a) Dec. 12, 1939 (b) M. M. Grove
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1006 N. Chestnut
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10th
year 1939 hour 5 minute 20 P. M.21. I hereby certify that I attended the deceased from
12-8-39, 19____, to 12-10-39, 19____;
that I last saw him alive on 12-10-39, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Ruptured peptic ulcer DurationDue to 108 117a

Due to _____

Other conditions Right lobar pneumonia
(Include pregnancy within 3 months of death)Major findings: Ruptured peptic ulcer PHYSICIANOf autopsy See above
Underline the cause to 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?

While at work? _____
(Specify type of place) (e) Means of injury23. Signature R. F. De Maria MD (M. D. or other)
Supt. K. C. Gen. Hospital 12-11-39
Address Date signed

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

Matt M. Krasinski

Licensed Embalmer No.

3993

P. O. Address

K C 12

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.