

Registration District No. 549

Primary Registration District No. 3029

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 35 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Bozalka 242

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susan Miskovsky 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 16, 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Zvolin, Czecho Slovakia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name John Bozalka

13. Birthplace Zvolin Czecho Slovakia
(City, town, or county) (State or foreign country)

14. Maiden name Susan Istvan

15. Birthplace Zvolin zecho Slovakia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Bozalka Jr

(b) Address Ilasco

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/40
(Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director Brookfield Smith

(b) Address 902 Broadway Hannibal

19. (a) 3-29-40 (Date received local registrar) (b) H. C. Fisher (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1940 hour 4 minute 30 AM.

21. I hereby certify that I attended the deceased from Mar 24
1940, to Mar 26 1940
that I last saw him alive on March 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral lobar pneumonia Duration _____

Due to pneumococcus

Due to _____

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 injury _____

23. Signature John Fisher (M. D. or other) _____
Address 1013 1/2 Broadway Hannibal Date signed 3/26/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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..... *Joseph J. Marsh*.....

Licensed Embalmer No..... 3932.....

P. O. Address..... Hannibal.....

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.