FILED NOV 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34494

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4010

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: Research 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: Non-Resident

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Wyandotte

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 425 North Fifth Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: MRS. ANNA MACAK

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Frank Macak

6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: April (Month) 15 (Day) 1893 (Year)

8. AGE: Years 47 | Months 6 | Days 1 | If less than one day: ____ hr. ____ min.

9. Birthplace: Smisljak (City, town, or county) Yugoslavia (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER
12. Name: Steve Lesac
13. Birthplace: Smisljak (City, town, or county) Yugoslavia (State or foreign country)

MOTHER
14. Maiden name: Mary Munar
15. Birthplace: Smisljak (City, town, or county) Yugoslavia (State or foreign country)

16. (a) Informant's own signature: Diana Zabek

(b) Address: 425 North Fifth St., K. C.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 19, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Calvary, K. C. K.

18. (a) Signature of funeral director: M. Skradski & Son

(b) Address: 344 North Fifth, K. C. K.

19. (a) 10-18-40 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16 year 1940 hour 2 minute 25 P. M.

21. I hereby certify that I attended the deceased from Oct 15 1940, to Oct 16, 1940, that I last saw her alive on Oct 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to: Hypertension	9
Diabetes with coma	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Alcoholism	59

Major findings: Of operations: —

Of autopsy: Atrophied Pancreas — Enlarged liver — Cerebral Hem

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Forest T. Foster (M. D. or other) M.D.

Address: 2 Dargee Bldg Date signed: 10-18-40

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 — 1 X19511

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 Walt M. Shradsky Jr.

Licensed Embalmer No. 3993

P. O. Address Kansas City Kansas

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.