

FILED JAN 17 1941

Registration District No. **420**

Primary Registration District No. **5574**

Registrar's No. **87**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Rural --- Valle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 12 days
years, months or days)

3. (a) PRINT FULL NAME CARL EUGENE KOZLOSKI

3. (b) If veteran, name war Infant 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Dec. 12 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 12 If less than one day hr. _____ min. _____

9. Birthplace DeSoto Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Walter Kozloski
13. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Wiona Harding
15. Birthplace Cheyenne Wyo.
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Kozloski
(b) Address DeSoto Mo RR# 1

17. (a) Burial (b) Date thereof Dec. 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DeSoto Mo.

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto Mo.

19. (a) 1-9-41 (b) Jeneva Danneel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri Jefferson
(a) State _____ (b) County _____
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1940 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from Dec. 12 1940 to Dec. 24 1940
that I last saw him alive on Dec. 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death lobar pneumonia Duration 3 days

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? no

381 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul V. [unclear] (M. D. or other) _____
Address DeSoto Mo. Date signed 12/25/40

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

John McArthurhead

Licensed Embalmer No. *3531*

P. O. Address *DeSoto mo*

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.