

FILED OCT 13 1941  
Registration District No.

Primary Registration District No.

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 U  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 hours  
(Specify whether  
In this community 25 hours  
years, months or days)

3. (a) PRINT FULL NAME

James Jelinek

3. (b) If veteran name war

No

3. (c) Social Security No.

unk

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Barth 6. (c) Age of husband or wife if alive unk years  
7. Birth date of deceased April 16 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
38 4 29 hr. min.

9. Birthplace Mala Habra, Czechoslovakia  
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business

MOTHER FATHER { 12. Name Joseph Jelinek  
13. Birthplace Mala Habra, Czechoslovakia  
(City, town, or county) (State or foreign country)  
14. Maiden name Maria Chaloupka  
15. Birthplace Mala Habra, Czechoslovakia  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jennie Whitmer  
(b) Address 1406 Harrison St Mo  
17. (a) Burial (b) Date thereof Sept 17-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Richmond Mo

18. (a) Signature of funeral director Thurman  
(b) Address Richmond Mo  
19. (a) 9/16/41 (b) M. H. Crow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89  
(c) City or town Richmond 1  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 36 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15  
year 1941 hour 6 minute 41 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I first saw the deceased on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Transverse Myelitis  
Fracture of the Cervical Spine  
Crushing Injury of the Neck  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy above

Duration

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) Accident  
(b) Date of occurrence 9-14-41  
(c) Where did injury occur? Clay Mo.  
(City or town) (County) (State)  
(d) Did injury occur in, or about home, on farm, in industrial place, in public place?  
In mine (Specify type of place) Acid dam shop  
While at work yes (e) Means of injury  
23. Signature Russell (M. D. or other) 1  
Address Richmond Date signed \_\_\_\_\_

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.

1 X1951

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**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.**