

FILED FEB 11 1942
 399

Registration District No. 399

Primary Registration District No. 1002

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

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:
533 CHERRY ST.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community unknown (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JACKSON #1
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 533 CHERRY ST.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MIKE VOKLICK

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife DO NOT KNOW 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased DO NOT KNOW
 (Month) (Day) (Year)

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

9. Birthplace DO NOT KNOW 9
 (City, town, or county) (State or foreign country)

10. Usual occupation DO NOT KNOW

11. Industry or business

MOTHER FATHER { 12. Name DO NOT KNOW
 13. Birthplace DO NOT KNOW 9
 (City, town, or county) (State or foreign country)
 14. Maiden name DO NOT KNOW
 15. Birthplace DO NOT KNOW 9
 (City, town, or county) (State or foreign country)

16. (a) Informant CORONER OFFICE
 (b) Address KANSAS CITY MO.
 17. (a) 1417 S. W. College St. Kansas City Mo. (b) Date thereof Jan. 10-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1417 S. W. College St. Mo.
 18. (a) Signature of funeral director PASSANTINO BRO.'S.
 (b) Address KANSAS CITY MO.

19. (a) 1/10/42 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 2
 year 1942 hour 6 minute P M.

21. I hereby certify that I attended the deceased from _____ 19____
 to _____ 19____
 that I last saw him alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to _____
 Due to _____ 130

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy myocardium

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) _____
 (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 Ossett 3 (M. D. or other) 1/10/42
 Address Kenn 1 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 Paul H. Rowe.....

Licensed Embalmer No. 2347.....

P. O. Address 12, C 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, fact should be so stated above.