

FILED FEB 16 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 5920

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Talk  
(b) City or town Balmar (Rural) Marion T  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
5 Miles South of Balmar!  
(If not in hospital or institution, give street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 4 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Talk  
(c) City or town Balmar (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street 5 miles South of Balmar  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Czechoslovakia

3. (a) PRINT FULL NAME Barbara Otradovec

3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11  
year 1942 hour 5:30 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 6 1942  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw her alive on Jan 10 1942  
and that death occurred on the date and hour stated above.

4. Female! 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Frank Otradovec 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 6 1857  
(Month) (Day) (Year)

Immediate cause of death  
Thrombosis of Abdominal aorta & iliac vessels  
Due to \_\_\_\_\_

Duration

8. AGE: Years 84 Months 2 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 99.1

9. Birthplace Prague Czechoslovakia  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housekeeper  
11. Industry or business House work  
12. Name unknown  
13. Birthplace Czechoslovakia  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Czechoslovakia  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Joseph Otradovec  
(b) Address Balmar, Mo  
17. (a) Burial (b) Date thereof Jan 12 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Walton Cemetery  
18. (a) Signature of funeral director John A. Smith  
(b) Address Balmar, Mo  
19. (a) 1/11 1942 (b) John A. Smith  
(Date received local registrar) (Registrar's signature)

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 G. D. Smith (M.D. or other) \_\_\_\_\_  
Address Balmar Mo Date signed Jan 16 1942

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

74  
0  
0

RECEIVED

District Health Officer No. 7,

District File Number 2-42-41

Date Filed 2-10-42

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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.

Signature

*William H. Erwin*

Licensed Embalmer No. 3092

P. O. Address Salinas, CA

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.