DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5724

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 1075

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: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days; In this community over 45 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON

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

(d) Street No.: 1113 N. Bellefontaine (If rural, give location)

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

3. (a) PRINT FULL NAME: LOUIS VUCIC WUTICH

3. (b) If veteran, name war: No

3. (c) Social Security No.: 702-14-9887

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Janja Vucic Wutich

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: June (Month) 15 (Day) 1884 (Year)

8. AGE: Years 57 | Months 8 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace: Sv. Jakov, Ogulin (City, town, or county) / Yugoslavia (State or foreign country)

10. Usual occupation: Car repairer

11. Industry or business: Railroad

FATHER
12. Name: Franje Vucic
13. Birthplace: Sv. Jakov, Ogulin (City, town, or county) / Yugoslavia (State or foreign country)

MOTHER
14. Maiden name: Jaga Vucic
15. Birthplace: Sv. Jakov, Ogulin (City, town, or county) / Yugoslavia (State or foreign country)

16. (a) Informant's own signature: Frank D. Wutich

(b) Address: 424 Thompson, K. C. K.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/16/1942 (Month) (Day) (Year)

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

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

(b) Address: 344 No. 5th St., K. C. K.

19. (a) 3/15/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1942 hour 6:00 minute A M.

21. I hereby certify that I attended the deceased from March 11th, 1942, to March 13, 1942, that I last saw him alive on March 12, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar pneumonia	7
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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: J. E. Castles (M. D. or other)

Address: 1002 Argyle Bldg. Date signed 3-19-42

(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 x19311

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 Matt M. Shradsky

Licensed Embalmer No. 3955

P. O. Address Kans. City, Kans.

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.