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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 2 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 10277

Registrar's No. 301

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

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7

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Dr. W.E.Hartsock Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days, (Specify whether
In this community 41 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan, 011

(c) City or town Saint Joseph, 1
(If outside city or town limits, write "RURAL")

(d) Street No. 323 Hamburg Avenue, 7
(If rural, give location)

(e) Citizen of foreign country? Yes, (Yes or No)

If yes, name country Czechoslovakia, 0

3. (a) PRINT FULL NAME John Kallauner

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex 0 Male

5. Color or race White

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

6. (b) Name of husband or wife Cordelia Kallauner,

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased December 18th. 1862
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	3	1	hr. min.

9. Birthplace Unknown, Czechoslovakia 6
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor,

11. Industry or business Employer,

FATHER
12. Name John Kallauner,
13. Birthplace Unknown, Czechoslovakia, 6
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace Unknown, Czechoslovakia, 6
(City, town, or county) (State or foreign country)

16. (a) Informant Adelbert F. Kallauner

(b) Address 323 Hamburg Avenue,

17. (a) Cremation (b) Date thereof 3/22/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. Newcomer's Sons, Kansas City, Mo.

18. (a) Signature of funeral director Heaton Bertrude Bowman Funeral

(b) Address 319 So.10th. Street, Home

19. (a) 3-20-42 (b) [signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th.
year 1942 hour 2:00 minute 30 p M.

21. I hereby certify that I attended the deceased from Mar 15
Mar 15, 1942 to May 19, 1942
that I last saw him alive on 3/19, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	36h
Due to	
Due to	
Other conditions Influenza. (Include pregnancy within 3 months of death)	

107

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 W E Hartsock (M. D. or other) M D

Address 1202 Frederick ave St. JOSEPH Date signed 3/20/42

(Licensed Embalmer's Statement on Reverse Side)

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 3.19.42

....., Registered Apprentice No.....,

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 8007

P. O. Address 319 [illegible] St Joseph

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.