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

28402

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 354 Primary Registration District No. 6196 Registrar's No.

1. PLACE OF DEATH:

(a) County Texas

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

(c) Name of hospital or institution: ✓ (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas 107

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. 7 Miles South East of Licking (If rural, give location)

(e) Citizen of foreign country? yes. (Yes or No)

If yes, name country Hungaria 0

3. (a) PRINT FULL NAME Joe Czebely Sr.

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of [redacted] or wife Vera Czebely

6. (c) Age of [redacted] or wife if alive 43 years

7. Birth date of deceased Mar (Month) 3 (Day) 1882 (Year)

8. AGE: Years 60 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Not known (City, town, or county) Hungaria (State or foreign country)

10. Usual occupation Rail Road & farming

11. Industry or business

FATHER
12. Name John Czebely
13. Birthplace (City, town, or county) Hungaria (State or foreign country)

MOTHER
14. Maiden name Kastovia
15. Birthplace (City, town, or county) Hungaria (State or foreign country)

16. (a) Informant John Czebely

(b) Address Licking Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 28 (Day) 1942 (Year)

(c) Place: burial or cremation Patterson Cem.

18. (a) Signature of funeral director Smith & Ferguson

(b) Address Licking Mo

19. (a) May 4 1942 (Date received local registrar) (b) Maggie Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1942 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Apr 27, 1942 to Apr 27, 1942 that I last saw him alive on Apr 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death [illegible] Duration 10 hrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 830

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 [illegible] (M. D. or other)

Address Licking Date signed 4/28/42

1237

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 942723
Date Filed 9-11-42

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 Not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed Embert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Lee King Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.