

Filed OCT 5 1942 149  
Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 3597

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: Memorial Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether years, months or days)

In this community 25 years  
(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. 7241 Ballwin  
(If rural, give location)

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

3. (a) PRINT FULL NAME JACK LESTER OSADCHEY

3. (b) If veteran, name war no

3. (c) Social Security No. unable to find #

4. Sex male 5. Color or race white 6. (a) Single, widowed, married 1 divorced married

6. (b) Name of husband or wife Jeanette Osadchey 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased May 25 1903  
(Month) (Day) (Year)

8. AGE: Years 39 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Russia (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Wm. W. York

12. Name Sam Osadchey

13. Birthplace Russia (City, town, or county) (State or foreign country)

14. Maiden name Bertha Copelan

15. Birthplace Russia (City, town, or county) (State or foreign country)

16. (a) Informant Max Osadchey

(b) Address 2956 Lockridge

17. (a) Burial (b) Date thereof Sept 30 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cemetery

18. (a) Signature of funeral director J. P. Thomas Funeral Home

(b) Address 3400 Woodland

19. (a) 9-30-42 (b) M. M. Grome  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1942 hour 5 minute 15 M.

21. I hereby certify that I attended the deceased from Sept 9th 1942 to Sept 29th 1942  
that I last saw him alive on Sept 29th 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Thyrototoxicosis following 1 day Thyrotoxic storm

Due to Hyperthyroidism

Other conditions 15 B  
(Include pregnancy within 3 months of death)

Major findings: Grave Hyperthyroidism

Of autopsy proctitis

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) (c) Means of injury —

23. Signature Joseph Estelson (M. D. or other)  
Address 1219 Health Bldg Date signed 9-29-42

Duration 1 day

PHYSICIAN —  
Underline the cause to which death should be charged statistically.

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

**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 Archie Lewis

Licensed Embalmer No. 3110

P. O. Address K. E. 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.**