

SEP 24 1942

Registration District No. 1049

Primary Registration District No. 1002

Registrar's No. 3446

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 1 day
(Specify whether years, months or days)
In this community About 34 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Bonner Springs
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. # 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? About 34 years.

8. (a) PRINT FULL NAME Anton Zlobec

8. (b) If veteran, name war None 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Helen Zlobec 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 6 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Packing House Laborer

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Bastalas

(b) Address 322 North 22nd., K. C.

17. (a) Removal (b) Date thereof 9/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary Cemetery

18. (a) Signature of funeral director John Stiel

(b) Address 340 N. 6th., K. C. K.

19. (a) 9/29/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 17
year 1942 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 5, 1942
to Sept 17, 1942.
that I last saw him alive on Sept 8, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Decompensation
with Mitral Valve Insufficiency -
Extra Systoles Duration 9 1/2
Due to Bronchitis & Consolidation
of lung -
Due to Hemorrhage of lung and
probably of deeper intensity and
Other conditions Extraneous organisms & shock
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none
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) no
(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 Robert Amey (M. D. or other) _____
Address 815 Walnut Bldg., Kansas City Mo Date signed 9/19/42

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

NOV 10 1942

NOV 9 1942

NOV 17 1942

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 *Amelia Stein*

Licensed Embalmer No. *4113*

P. O. Address *340 W. 6th St. K.C.*

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.