

Causes

Registration District No. /

Primary Registration District No. 3000

Registrar's No.

300

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1009 N. Osteopathy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirkville
(If outside city or town limits, write "RURAL")
(d) Street No. 1009 N. Osteopathy
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Katarina Mihalevich

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife Phillip Mihalevich 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Nov. 25 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Fuzine, Croatia, Yugo Slavia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name George Rupe
13. Birthplace Croatia Yugo Slavia
(City, town, or county) (State or foreign country)
14. Maiden name Helen Stefanchic
15. Birthplace Croatia Yugo Slavia
(City, town, or county) (State or foreign country)

16. (a) Informant Phillip Mihalevich
(b) Address Kirkville, Mo.
17. (a) Burial (b) Date thereof 11-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Cemetery

18. (a) Signature of funeral director Dec. Riley Funeral Home
(b) Address Kirkville, Mo.
19. (a) 11/18/42 (b) Mrs. J. S. Wagner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1942 hour 11:15 minute P: M.

21. I hereby certify that I attended the deceased from 10:35 to 19:42
that I last saw h. alive on 11.13.42 and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart

Due to acute pericarditis of heart

Due to Worming of Cardiac Muscles (Chagas)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) (e) Means of injury

23. Signature J. S. Wagner (Print or other)
Address Kirkville Date signed 11/15/42

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

