

S. No. 2
-1-4-41
5-17-39
P-I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39919

FILED DEC 18 1942

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4594

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

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town R.C.
(c) Name of hospital or institution: EAST SIDE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 DAYS
(Specify whether) 6 Days
In this community ✓ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JACKSON
(c) City or town Denton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME

JOHN REZAC

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M.

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased DEC 2 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 86 If less than one day _____ hr. ✓ min.

9. Birthplace R.C. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Inf

11. Industry or business _____

12. Name LEONARD REZAC

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

14. Maiden name E RENE REZAC

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

16. (a) Informant J E Cavanaugh

(b) Address 4911 E 27

17. (a) Burial (b) Date thereof 12 13 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director J E Cavanaugh

(b) Address 4911 E 27

19. (a) 12-10-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 8th year 1942 hour 7 minute 05 P. M.

21. I hereby certify that I attended the deceased from DEC 2 1942 to DEC 8th 1942
that I last saw him alive on DEC 8th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death CONGENITAL ATELECTASIS
FAM BIRTH

Due to _____

Due to 11/10/42

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

Major findings: _____
Of operations ✓
Of autopsy Completely collapsed left lung.

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? Maple Hill

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature John E Cavanaugh (M.D. or other) _____
Address 4911 E 27 J.R.C.M.B. Date signed 12/9/42

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