. S. No. 2
0M—5-42
ev. 5-17-39
FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1346

State File No. .....

Registration District No. 149 JAN 30 1943 Primary Registration District No. 1002 Registrar's No. 317

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

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: 4246 Montgall 1 (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) 44 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8 (If outside city or town limits, write "RURAL")

(d) Street No. 4246 Montgall (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Carl Studna

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Jennie

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Feb. 6 1894 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	11	14	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Poland 4 (State or foreign country)

10. Usual occupation Merchant

11. Industry or business .....

FATHER
12. Name Max Studna
13. Birthplace ..... (City, town, or county) Poland 4 (State or foreign country)

MOTHER
14. Maiden name Annie Hershkowitz
15. Birthplace ..... (City, town, or county) Poland 4 (State or foreign country)

16. (a) Informant Morris Studna

(b) Address 4246 Montgall

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-43 (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem.

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

(b) Address K. C. Mo

19. (a) 1-21-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1943 hour 8 minute A M.

21. I hereby certify that I attended the deceased from ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound of the head

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 16 46

Major findings:
Of operations .....
Of autopsy See op

Duration

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) Suicide

(b) Date of occurrence 1/20/43

(c) Where did injury occur? 4246 Montgall Kan (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury .....

23. Signature [signature] 1/21/43 (Date or other)

Address [signature] Date signed

(Licensed Embalmer's Statement on Reverse Side)

#P

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: .....

Licensed Embalmer No. 8110

P. O. Address K. C. 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.