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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1943
1949

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4997**
Registrar's No. **673**

Registration District No. **1002** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **506 Oak 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **unknown**
In this community **unknown**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **506 Oak**
(If rural, give location)
(e) Citizen of foreign country? **unknown**
If yes, name country **0**

3. (a) PRINT FULL NAME **JOHN BEKKA**
3. (b) If veteran, name war **unknown** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **1** day **26**
year **1943** hour **7:40** minute **0** P. M.
21. I hereby certify that I attended the deceased from **1943**
that I last saw him alive on **1943**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color of face **W** 6. (a) Single, widowed, married, divorced, **unknown**
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **unknown** years
7. Birth date of deceased **unknown**
(Month) (Day) (Year)

Immediate cause of death **Arteriosclerotic heart disease**
Duration
Due to **935**
Due to
Other conditions (Include pregnancy within 6 months of death)
PHYSICIAN
Major findings:
Of operations
Of autopsy **In patient & history**
Underline the cause to which death should be charged statistically.

8. AGE: Years **about 65 yrs** Months Days If less than one day
hr. min.

9. Birthplace **Mo** (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
12. Name
13. Birthplace **Mo** (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace **Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Coroner's office**
(b) Address **Court House**
17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **2-15-43**
(Month) (Day) (Year)
(c) Place: burial or cremation **KC College of Osteopathy**
18. (a) Signature of funeral director **John B. Loggins**
(b) Address **KC**
19. (a) **2-9-43** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

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) (e) Means of injury
23. Signature **J. Bekka** (M., D. or other)
Address **K.C.M.** Date signed **1/28/43**

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

MOTHER FATHER

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. 04273

P. O. Address. 100 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.