S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18046

Registration District No. 746 — Primary Registration District No. 3026 — Registrar's No. 122

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 218 W. Lexington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community: Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence
(If outside city or town limits, write "RURAL")
(d) Street No.: 517 W. Maple
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: JOHN ZAWADA GUSOR
3. (b) If veteran, name war: Unknown
3. (c) Social Security No. 512-14-0476
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
about 55	—	—	hr. min.

9. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation: Shoe Cobbler
11. Industry or business: Shoe repairer
FATHER
12. Name: No record
13. Birthplace: No record (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name: No record
15. Birthplace: No record (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Geo. C. Carson Son-in-law
(b) Address: Independence, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cem.
18. (a) Signature of funeral director: Geo. C. Carson
(b) Address: Independence, Mo.
19. (a) 4-24-1943 (Date received by local registrar) (b) James B. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15 year 43 hour 12:25 minute P M.
21. I hereby certify that I attended the deceased from Coma, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 9 3d
Major findings: Of operations:
Of autopsy: Negative heading

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: O. J. Peth 3/4/46 (Date signed)
Address: Dover

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 2467

P. O. Address Indep. 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.