

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED AUG 6 1943

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 3066

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town K.C.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
620 Enders Ave 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 unknown years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson
 (c) City or town K.C. (If outside city or town limits, write "RURAL")
 (d) Street No. 112 Holmes (If rural, give location)
 (e) Citizen of foreign country? yes (Yes or No)
 If yes, name country Lithuania

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 7 day 8
 year 1943 hour 6:30 minute 0 M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced unknown
 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)

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

8. AGE: Years app 54 Months _____ Days _____ If less than one day _____ hr. _____ min.
 9. Birthplace Lithuania (City, town, or county) (State or foreign country)

Immediate cause of death Chronic myocarditis
Acute pulmonary edema

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

Due to _____
 Due to 93d
 Other conditions (Include pregnancy within 3 months of death) _____

16. (a) Informant Baron's Office
 (b) Address K.C. Mo
 17. (a) Removed (b) Date thereof 7/12/43 (Month) (Day) (Year)
 (c) Place: burial or cremation Maple Hill Cem K.C. Mo
 18. (a) Signature of funeral director Sebbeto's
 (b) Address 901 E. 52nd K.C. Mo
 19. (a) 7-12-43 (b) J. E. Brown (Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
 Of autopsy see above

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. E. Brown (M. D. or other) _____
 Address K.C. Mo Date signed 7/10/43

MOTHER FATHER

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

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.....

Ray Chow

Licensed Embalmer No. *2560*

P.O. Address.....

KC 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.