

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED MAY 1 1944
1949

Registration District No. **149** Primary Registration District No. **1002**

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:
K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. (Specify whether
In this community 114 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 419 Newton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Tom Goysich

3. (b) If veteran, No name war

3. (c) Social Security No. 487-05-5110

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Kate

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 7 1889
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>54</u> | <u>9</u> | <u>3</u> | hr. min. |

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

10. Usual occupation WIPE DRAWER

11. Industry or business SHERMANN STEEL CORP.

MOTHER FATHER { 12. Name Mike Goysich

{ 13. Birthplace Yugoslavia
(City, town, or county) (State or foreign country)

{ 14. Maiden name Frances Barcouch

{ 15. Birthplace Yugoslavia
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address K. C. General Hospital No.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-44
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Park H. C.

18. (a) Signature of funeral director [Signature]

(b) Address Kansas City Mo

19. (a) 4-12-44 (Date received local registrar)

(b) D. E. Brown (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1944 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from March 11, 1944 to April 10, 1944
that I last saw him alive on April 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bacterium Necropharum Septicemia; Carcinoma of rectum

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46d

Of autopsy See above

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?

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

23. Signature E. E. Washer Med. Dir. M.D.
(M. D. or other) 4-10-44

Address Gen'l Hosp. Date signed

MAY 17 1944

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.....

P. O. Address.....

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.