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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 8 1944
Registration District No. _____

Primary Registration District No. 3004

Registrar's No. 32

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Lamar
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH VLAZNY
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 10th
year 1944 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from March 13
1944 to May 10 1944
that I last saw him alive on May 8 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Elizabeth Ambrose Vlazny
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased July 28 1854
(Month) (Day) (Year)

Immediate cause of death Broncho-Pneumonia
Duration _____

8. AGE: Years Months Days If less than one day
89 9 12 hr. _____ min.

Due to Cardio-Renal Vascular Syndrome
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 13/A

10. Usual occupation Retired farmer

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Joseph Vlazny

13. Birthplace Czecho Slovakia
(City, town, or county) (State or foreign country)

14. Maiden name Katie Pnzer

15. Birthplace Czecho Slovakia
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Vlazny

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof May 13 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 11/19 (b) Martha River
(Date received local registrar) (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)
(c) Means of injury _____
23. Signature P. C. E. Duerett (M. D. or other) M.D.
Address Lamar Mo Date signed May 10-1944

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

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 644-689

Date Filed JUN 7 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 Carl J. Rowantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.