

Registration District No. 149 Primary Registration District No. 1002

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:
St Marys Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether)
 In this community 24 Yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 5111 East 39 St
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Josef V. Matousek
 3. (b) If veteran, name war no
 3. (c) Social Security No. NO
 4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Helen Matousek
 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased July 28 1901
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 6 year 1944 hour 12 minute 45 P M.
 21. I hereby certify that I attended the deceased from April 1944 19 44 to Sept 6 19 44
 that I last saw him alive on Sept 6 19 44 and that death occurred on the date and hour stated above.
 Immediate cause of death Cardiac Failure
Duration

8. AGE:
 Years 43 Months 1 Days 8
 If less than one day _____ hr. _____ min.

Due to Generalized G.P. Hemorrhages 3 days
Chronic - Slight to Reticular
 Due to Cirrhosis of Liver
(Portal)
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Bohemia
(City, town, or county) (State or foreign country)
 10. Usual occupation Moument Dealer
 11. Industry or business _____
MOTHER FATHER
 12. Name Josef Matousek
 13. Birthplace Bohemia
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Klamova
 15. Birthplace Bohemia
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy Cirrhosis of Liver
(Portal)
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Helen Matousek
 (b) Address 5111 East 39 St.
 17. (a) Burial (b) Date thereof Sept 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cem.
 18. (a) Signature of funeral director Mrs. C.L. Forster
 (b) Address 918 Brooklyn
 19. (a) 9-9-44 (b) D. E. Brown
(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 _____ on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury _____
 23. Signature Harold M. Roberts (M. D. or other) MD
 Address 1103 Grand, KCMO. Date signed 9-8-44

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

Anna's Room
10-12
Apr. 13, 1951

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 *J. W. Herrick*
Licensed Embalmer No. *3599*
P. O. Address *St. C. 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.