

FILED DEC 4 1944
Registration District No. 189

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. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 2 1/2 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

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

(d) Street No. 2904 Forest
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mike Horvat

3. (b) If veteran, name war no.

3. (c) Social Security No. 509-07-2112

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1944 hour 9 minute 25 P. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mrs. Sarah Horvat

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

7. Birth date of deceased: November 2 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 16 1944 to Nov. 19 1944, and that death occurred on the date and hour stated above, 19 44

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>0</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death: Circulatory failure secondary to perforated peptic ulcer

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

10. Usual occupation Crane Operator

Due to _____

Due to _____

Other conditions 1170
(Include pregnancy within 3 months of death)

11. Industry or business X

12. Name Mato Horvat

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

14. Maiden name Anna

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

Major findings: 1170

Of operations _____

Of autopsy See above

16. (a) Informant Mrs. Sarah Horvat.

(b) Address 2904 Forest, Kansas City, Mo.

17. (a) Burial (b) Date thereof 11-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery Stine & McClure,

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director 3235 Gillham Plaza, K. C., Mo.

(b) Address _____

19. (a) 11-24-44 (b) N. 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 home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature A. E. Upsher (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 11-20-44

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.....

Robert W. Reed

Licensed Embalmer No. *3745*

P. O. Address *Kansas City 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.