S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 5 1945

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19892

Primary Registration District No. 1000

Registrar's No. 685

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mercy Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 da (Specify whether years, months or days)

In this community: 4 da

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.:
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Inf. Boy Kauzlorich

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: June (Month) 21 (Day) 1945 (Year)

8. AGE: Years 0 Months 0 Days 4 If less than one day hr. min.

9. Birthplace: St Joseph (City, town, or county) Mo (State or foreign country)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Richard Kauzlorich
13. Birthplace: (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Eva Dell
15. Birthplace: (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Richard Kauzlorich
(b) Address: IEC Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Maryville Mo.

18. (a) Signature of funeral director: FREEMAN & SON, INC
(b) Address: ST JOSEPH, MO.

19. (a) 6-25-45 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1945 hour 10 minute 35 a M.

21. I hereby certify that I attended the deceased from 6-21, 1945, to 6-24, 1945 that I last saw him alive on 6-24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemolytic Jaundice	24 HOURS
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: None	

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

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

23. Signature: E. J. Gross (M. D. or other)

Address: 5008 King Hill Date signed: 6-24-45

St. Joseph, 45, Mo.

1377 (Licensed Embalmer's Statement on Reverse Side)

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 R. Hyple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.