

S. No. 2
 M-5-43
 v. 17-39
 X36571

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32975**
 Registrar's No. **4294**

FILED OCT 29 1945

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 C. ty, Mo**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
~~Peter Zurga~~ **General Hosp. #1 0**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day**
 In this community **40 years**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson 44**
 (c) City or town **Kansas City, Mo**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **711 W 18th**
 (If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **Peter Zurga**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **887-05-8422**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **10** day **16** 19**45** year **1945** hour **5** minute **35** PM
21. I hereby certify that I attended the deceased from **10-15-45**
 19**45** to **10-16-45** 19**45**
 that I last saw him alive on **10-16-45** 19**45**
 and that death occurred on the date and hour stated above.

4. Sex **Male 0** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Margaret Zurga**
6. (c) Age of husband or wife if alive **40** years
7. Birth date of deceased **May 7 1903**
 (Month) (Day) (Year)

Immediate cause of death
Circulatory failure due to biliary cirrhosis due to acute alcoholism
 Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations
 Of autopsy **as above**

8. AGE:	Years	Months	Days	If less than one day
	425	5	9hr.min.

9. Birthplace **Zagreb Yugoslavia 0**
 (City, town, or county) (State or foreign country)
10. Usual occupation **Weighmaster**

11. Industry or business **Stockyards**
12. Name **John Zurga**
13. Birthplace **Zagreb Yugoslavia 8**
 (City, town, or county) (State or foreign country)
14. Maiden name **Mary Kovac**
15. Birthplace **Zagreb Yugoslavia 8**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mary Samick**
(b) Address **1818 Jarboe, K. C. Mo**

17. (a) Burial (b) Date thereof **10-19-1945**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Mt. Calvary, KCK**

18. (a) Signature of funeral director **Max Brudsky**
(b) Address **344 N. 5th, K. C. K.**
19. (a) 10-18-45 (b) **Gerardine Holmes**
 (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 **Clark W. Sulaj MD**
Address **Gen. Hosp. #1** (M.D. or other) Date signed

Duration
Physician
 Underline the cause to which death should be charged statistically.

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 Matt M. Stradoff

Licensed Embalmer No. 4382

P. O. Address Kansas City, Kansas

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.