S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34418

State File No.

Registration District No. 287 Primary Registration District No. 5979 Registrar's No. ~~15~~ 15

1. PLACE OF DEATH:

(a) County Polk

(b) City or town East Looney (Rural) Leone
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5 Mi. East of Morrisville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Morrisville Rural Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 5 Mi. E. of Morrisville
(If rural give location)

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

If yes, name country None

3. (a) PRINT FULL NAME Frank Vodicka

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M O

5. Color or race Wh

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 Feb (Month) 2 (Day) 1883 (Year)

8. AGE: Years 62 Months 8 Days 16 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Joseph Vodicka
13. Birthplace Czechslovakia (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Marie Baron
15. Birthplace Czechslovakia (City, town, or county) 6 (State or foreign country)

16. (a) Informant Tony Troutel
(b) Address Morrisville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 20 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Burial - Karlin Cemetry

18. (a) Signature of funeral director Erwin and Blue
(b) Address Bolivar, Mo.

19. (a) Oct. 22 '45 (Date received local registrar) (b) Joe A. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1945 hour 1:30 minute p. M.

21. I hereby certify that I ~~attended the deceased from~~ viewed
, 19 , to , 19 ;
that I ~~last~~ saw ~~him~~ ~~alive~~ on Oct. 18, 1945 , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

92d

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?
✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature Willard B. Erwin Coroner (M. D. or other)
Address Bolivar, Mo. Date signed Oct 22/45

1543 (Licensed Embalmer's Statement on Reverse Side)

REC[illegible]
District Health Office No. 7
District File Number 10-45-1086
Date Filed 11-8-45

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address: Bolivar, 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.