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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1931

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20639

FILED JUL 11 1946

Registration District No. 3026 Primary Registration District No. 3026 Registrar's No. 224

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Hour (Specify whether
In this community 27 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 1216 Franklin drive
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JAMES M. KOLAR SR.

3. (b) If veteran, name war None

3. (c) Social Security No. 459-07-4083-A

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Edith Kolar

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Feb. (Month) 25 (Day) 1876 (Year)

8. AGE: Years 70 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation Retired Machinest

11. Industry or business

FATHER
12. Name James M. Kolar
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Edith Kolar
(b) Address 1216 Franklin Drive, Indep. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah Cem.

18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Missouri

19. (a) June 22 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 th year 1946 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from Chronic, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no
History & inspection

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? (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 [signature] (M. D. ~~or other~~)

Address 1424 [illegible] Date signed 6-15-46

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(Licensed Embalmer's Statement on Reverse Side)

JUL 18 1946

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 Floyd C Carson

Licensed Embalmer No. 4199

P. O. Address Indep. 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.