. S. No. 2
0M—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23762

FILED JUL 31 1946

Registration District No. 44 Primary Registration District No. 1002 Registrar's No. 2999

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 13 days (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 41
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 910 W. 27 St. 8
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Matija Primozic
3. (b) If veteran, name war No
3. (c) Social Security No. 709-16-2917
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Guadalupe Primozic
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Nov (Month) 2 (Day) 1884 (Year)

8. AGE: Years 62 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Austria 4 (City, town, or county) (State or foreign country)
10. Usual occupation Freight Handler
11. Industry or business Santa Fe R. R.
MOTHER FATHER
12. Name Matija Primozic 4
13. Birthplace X X Austria (City, town, or county) (State or foreign country)
14. Maiden name No Record 4
15. Birthplace X X Austria (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Guadalupe Primozic
(b) Address 910 West 27 St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10-1946 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary
18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City Mo
19. (a) 7-9-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1946 hour 10 minute 55 A. M.
21. I hereby certify that I attended the deceased from April 25, 1946 to July 8, 1946 that I last saw him alive on July 8, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral broncho-pneumonia-Multiple myeloma with compression on spinal cord and paralysis — Duration
Due to
Due to
Other conditions 552
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See above

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 Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 7-9-46

(Licensed Embalmer's Statement on Reverse Side)

Dr Collins

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 Alvin R. Hauschild

Licensed Embalmer No. 4159

P. O. Address Kansas City M

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.