

No. 2
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5-17-39
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FILED JUL 22 1946
Registration District No. **362**

Primary Registration District No. **6234**

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

1. PLACE OF DEATH:

(a) County **Warren**

(b) City or town **Elkhorn Township**
(If outside city or town limits, write "RURAL", and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Warren** **100**

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

(d) Street No. **R.R. #1** (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Matthew Jovanovic**

3. (b) If veteran, name war: No.

3. (c) Social Security No.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Dragica Zoricic** 6. (c) Age of husband or wife if alive **65 years**

7. Birth date of deceased **September 29, 1872**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5** year **1946** hour **7:55** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan 5, 1946** to **July 5, 1946**

that I last saw him alive on **July 5, 1946** and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
73	9	6	hr. min.

Immediate cause of death: **Chronic Nephritis (Bright's Disease) Myocarditis** **4 yrs.**

Due to **Hemiplegia following Cerebral Apoplexy four yrs ago** **4 yrs.**

Due to

Other conditions **Senility**
(Include pregnancy within 3 months of death)

9. Birthplace **Novi Vinodol Jugoslavia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired tavern operator**

11. Industry or business

Major findings: Of operations **1318**

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **George Jovanovic**

13. Birthplace **Novi Vinodol Jugoslavia**
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Kriskovic**

15. Birthplace **Novi Vinodol Jugoslavia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Matt. Jovanovic**

(b) Address **R.B.D. Warrenton, Mo.**

17. (a) **Burial** (b) Date thereof **7-8-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Wm. C. Moydell**

(b) Address **Mississippi & Allen, St. Louis**

19. (a) **July 10, 1946** (b) **Mrs. Gladys Duthman**
(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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature **Wm. C. Moydell** (M. D. or other)

Address **Warrenton, Mo** Date signed **7-5-46**

JUL 23 1945

JAN 26 1949

MAY 26 1948

RECEIVED

District Health Officer No. 9

District File Number

Date Filed

1-22-46

JUL 26 1945

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..... *Albert G. Happs*

Licensed Embalmer No. 2971

P. O. Address. 4700 Washington
St. Louis, 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.