V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9307

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 1575

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:
Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Years (Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5331 Highland 8
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANDREW OZARK
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 30 1869 (Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Poland 4 (City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business
MOTHER FATHER
12. Name Thomas Ozark
13. Birthplace Poland 4 (City, town, or county) (State or foreign country)
14. Maiden name Anna Bylica
15. Birthplace Poland 4 (City, town, or county) (State or foreign country)
16. (a) Informant Sister Mearis Olive
(b) Address 5331 Highland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys
18. (a) Signature of funeral director Murk & Robin
(b) Address 20 West Linwood
19. (a) 4-5-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day April year 1947 hour 4:00 minute A M.
21. I hereby certify that I attended the deceased from Feb 20 1947, 19__, to April 5 1947, 19__; that I last saw him alive on April 5 1947, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	
Due to: Aortic Stenosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 0 2 a	
Of autopsy:	

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? 0
While at work? (Specify type of place) (e) Means of injury
23. Signature John T. Skinner (M. D. or other) MD
Address 1402 Bryant Bldg Date signed 4/6/47

(Licensed Embalmer's Statement on Reverse Side)

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 Maude Adair

Licensed Embalmer No. 4016

P. O. Address K C 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.