S. No. 2
M—8-43
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I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13772

Registration District No. 150 — Primary Registration District No. 5572 — Registrar's No. 66

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Prairie (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Co. Emg. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Sugar Creek 2 (If outside city or town limits, write "RURAL")
(d) Street No. 10602 Burton 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Nick (Gojic) Goich)
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Mary Gojic Goich
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 24, 1873 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	3	29	hr. min.

9. Birthplace UNKNOWN (City, town, or county) YUGOSLAVIA (State or foreign country) 8
10. Usual occupation RETIRED LABORER
11. Industry or business OIL REFINERY 8
FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) YUGOSLAVIA (State or foreign country)
MOTHER
14. Maiden name UNKNOWN 4
15. Birthplace UNKNOWN (City, town, or county) YUGOSLAVIA (State or foreign country)
16. (a) Informant Pauline Goich
(b) Address 10602 BURTON
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-26-1947 (Month) (Day) (Year)
(c) Place: burial or cremation MT CALVARY, K.C.K.
18. (a) Signature of funeral director Matt Skradski Jr
(b) Address 344 N. FIFTH, K.C.K.
19. (a) 4-25-47 (Date received local registrar) (b) Donald C. Earnshaw (Registrar's signature) 27

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd year 1947 hour 7 minute 31 P.M.
21. I hereby certify that I attended the deceased from 4-13-47, 19, to 4-22-47, 19; that I last saw him alive on 4-22-47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal obstruction	10 da.
Due to Direct right inguinal hernia.	10 da.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations As above	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Frank E. Freharne, M.D. (M. D. or other)
Address Indep., Mo. Date signed 4/24/47

(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 Matt M. Shrodes Jr

Licensed Embalmer No. 4382

P.O. Address Kansas City Kansas

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.