

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1947
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21173
Registrar's No. 2857

Registration District No. 149 Primary Registration District No. 6002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 6 days years, months or days)

3. (a) PRINT FULL NAME MR. MICHAEL ROZGAJ
3. (b) If veteran, name war no
3. (c) Social Security No. 328-07-6899

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Dora Rozgaj
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased April 18, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>2</u>	<u>12</u>	hr. min.

9. Birthplace unknown Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business unknown

12. Name unknown

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Rozgaj

(b) Address 11404 Norleage Sugar Creek

17. (a) burial (b) Date thereof 7/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery Independence, Mo.

18. (a) Signature of funeral director Geo. C. Carson Home
(b) Address Independence, Mo.

19. (a) 7-4-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Sugar Creek
(If outside city or town limits, write "RURAL")
(d) Street No. 11404 Norleage
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 30
year 1947 hour 11:15 minute P M.

21. I hereby certify that I attended the deceased from 6-20, 1947 to 6-30, 1947
that I last saw him alive on June 30, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus
Duration !

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 61
Of operations _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Judy Sumner (M. D. or other) DO
Address Independence Date signed 7-3-47

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.....

Harlan H. Meyer

Registered Apprentice No. *506*

working under my personal supervision.

Signed.....

Lloyd C. Carson

Licensed Embalmer No. *4199*

P. O. Address *Independence, 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.