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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27128

State File No.

Primary Registration District No. 3013

Registrar's No. 91

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

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: North Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burlington Railroad Yards 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: Worked here is all

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No.: 1652 Pennsylvania
(If rural, give location)

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

3. (a) PRINT FULL NAME: Joseph Robert Pomahac

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

3. (c) Social Security No.: 496-01-1763

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ferol Pomahac

6. (c) Age of husband or wife if alive: 37 years

7. Birth date of deceased: Feb. (Month) 3 (Day) 1900 (Year)

8. AGE: Years 47 | Months 6 | Days 11 | If less than one day: xx hr. xx min.

9. Birthplace: West Bend (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation: Oiler

11. Industry or business: Burlington Railroad

MOTHER FATHER

12. Name: Frank Pomahac

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

14. Maiden name: Antone Mares

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

16. (a) Informant: Mrs Feral Pomahac

(b) Address: 1652 Pennsylvania Kan. City Mo.

17. (a) Remaoval (Burial, cremation, or removal) (b) Date thereof: 8/14/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Sedalia Mo.

18. (a) Signature of funeral director: Morton Smith's

(b) Address: North Kansas City Mo.

19. (a) Aug 14th 1947 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 14 year: 1947 hour: 10:45 a.m. minute: a.m.

21. I hereby certify that I attended the deceased from ....., to ....., 19.....; that I last saw him alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Accident
was run over by a Box Car, Burlington R.R. Yards, North K.C. Mo.

Due to: Cut & Torn off & Crushed Chest

Due to:

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

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): accident

(b) Date of occurrence: 8-14-1947

(c) Where did injury occur? N. Kansas City Clay Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial Place
(Specify type of place)

While at work? yes (e) Means of injury:

23. Signature: R.W. Prather Coroner (M. D. or other)

Address: Excelsior Springs Mo. Date signed: 8-14-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-18-47

AUG 24 1947

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 Chester K. Fleming Registered Apprentice No. 449 working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address W.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.